

<i>SERFF Tracking Number:</i>	<i>GRJR-126479949</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45381</i>
<i>Company Tracking Number:</i>	<i>CLI145</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Form CLI-145-AR (2/10), Survivor UL</i>		
<i>Project Name/Number:</i>	<i>Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL</i>		

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-145-AR (2/10),
Survivor UL

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.002 Joint (Last Survivor)
Filing Type: Form

SERFF Status: Closed-Approved-
Closed

Co Tr Num: CLI145

State Tr Num: 45381
State Status: Approved-Closed
Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah
Naegele, Cindy Traurig, Karen
Eichler

Date Submitted: 04/07/2010

Disposition Date: 04/09/2010
Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Form CLI-145-AR (2/10), Survivor UL
Project Number: Form CLI-145-AR (2/10), Survivor UL
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Please be advised
we are filing this form in our state of domicile,
Ohio, as part of an IIPRC filing.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/09/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/09/2010

Deemer Date:

Submitted By: Karen Eichler

Filing Description:

FEIN: 31-1213778

NAIC: 76236

Created By: Jennifer Henley

Corresponding Filing Tracking Number:

SERFF Tracking Number: GRJR-126479949 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 45381
Company Tracking Number: CLI145
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: Form CLI-145-AR (2/10), Survivor UL
Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

Subject:

The Cincinnati Life Insurance Company

Individual Life Forms Filing

1. Form CLI-145-AR (2/10), Survivorship Flexible Premium Adjustable Universal Life Insurance Policy
2. Form CLI-675 (2/10), Policy Split Option Rider
3. Form CLI-676 (2/10), Substitution of Insured Rider
4. Form CLI-677 (2/10), Estate Protection Rider

We are submitting the subject forms for your review and approval. These forms are new and will not replace any previously approved forms. The implementation date for these forms will be upon your approval.

Please note each of the subject optional benefit riders, if elected by the policyowner, will be made a part of the subject policy. Both the Policy Split Option Rider and the Substitution of Insured Rider, Forms CLI-675 (2/10) and CLI-676 (2/10), respectively, will be available at issue as well as after the date of issue. The Estate Protection Rider, Form CLI-677 (2/10), may only be offered at issue and is not intended for use after the date of issue. Although we are submitting these forms together, we wish to reserve the right to use them with any applicable approved forms.

These forms will be marketed by an independent agency force to the general public for general life insurance purposes. There are no marketing or issue restrictions from our normal sales practices.

The forms are sex-distinct and we confirm that they will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

This form is a second-to-die survivor flexible premium adjustable universal life insurance policy that is designed to provide death benefit protection at a low cost to the policyowner. The Continuation of Coverage provision provides that the policy will remain in force until the maturity date, even if the cash value becomes zero, as long as the Accumulated Premiums Paid are equal to or greater than the Accumulated Monthly Guaranteed Premiums. A more detailed description of Continuation of Coverage is provided in the Actuarial Memorandum and Continuation of Coverage section of the policy. The issue ages are 18 through 85. The maximum number of insureds that may be covered at any one time under this policy is two as reflected in the specimen specification pages.

Nothing in this filing has been previously disapproved by your Department. Please be assured that this filing contains no unusual or possibly controversial items from our normal Company practice of industry standards.

Form CLI-1030, Application for Life Insurance, previously approved by your Department on June 20, 2008, will be used when applying for the submitted policy and riders.

SERFF Tracking Number: GRJR-126479949 State: Arkansas
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Company Tracking Number: CLI145
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Adjustable Life
Product Name: Form CLI-145-AR (2/10), Survivor UL
Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

These forms were scored for Flesch Score Readability Analysis, and the test scores are:

Form CLI-145-AR (2/10): 50.9
Form CLI-675 (2/10): 54.1
Form CLI-676 (2/10): 50.8
Form CLI-677 (2/10): 53.3

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

Company and Contact

Filing Contact Information

Karen Eichler AIS, API, Analyst karen_eichler@cinfin.com
P. O. Box 145496 513-870-2000 [Phone] 4386 [Ext]
Cincinnati, OH 45250-5496 513-881-8984 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio
6200 S. Gilmore Road Group Code: 244 Company Type:
Fairfield, OH 45014 Group Name: State ID Number:
(513) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	04/07/2010	35472956
The Cincinnati Life Insurance Company	\$150.00	04/09/2010	35529823

SERFF Tracking Number:	GRJR-126479949	State:	Arkansas
Filing Company:	The Cincinnati Life Insurance Company	State Tracking Number:	45381
Company Tracking Number:	CL1145		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.002 Joint (Last Survivor)
Product Name:	Form CLI-145-AR (2/10), Survivor UL		
Project Name/Number:	Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/09/2010	04/09/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/09/2010	04/09/2010	Karen Eichler	04/09/2010	04/09/2010

<i>SERFF Tracking Number:</i>	<i>GRJR-126479949</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45381</i>
<i>Company Tracking Number:</i>	<i>CL1145</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Form CLI-145-AR (2/10), Survivor UL</i>		
<i>Project Name/Number:</i>	<i>Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL</i>		

Disposition

Disposition Date: 04/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-126479949 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 45381

Company Tracking Number: CLI145

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: Form CLI-145-AR (2/10), Survivor UL

Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	
Supporting Document	Application	Yes	
Supporting Document	Health - Actuarial Justification	No	
Supporting Document	Outline of Coverage	No	
Supporting Document	Certificate of Compliance	Yes	
Supporting Document	Actuarial Memorandum and Appendices	No	
Supporting Document	Statement of Variability	Yes	
Supporting Document	Certification - Consent to submit rates	Yes	
Supporting Document	Universal Life Certification	Yes	
Supporting Document	ILLUSTRATION	Yes	
Form	Survivorship Flexible Premium Adjustable	Yes	
	Universal Life Insurance Policy		
Form	Policy Split Option Rider	Yes	
Form	Substitution of Insured Rider	Yes	
Form	Estate Protection Rider	Yes	

SERFF Tracking Number: GRJR-126479949 *State:* Arkansas
Filing Company: The Cincinnati Life Insurance Company *State Tracking Number:* 45381
Company Tracking Number: CLI145
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: Form CLI-145-AR (2/10), Survivor UL
Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/09/2010
Submitted Date 04/09/2010
Respond By Date 05/10/2010

Dear Karen Eichler AIS, API,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$150.00 is due on this submission. The rate is based on per form submitted under the revised Rule and Regulation 57.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Adjustable Life
Product Name: Form CLI-145-AR (2/10), Survivor UL
Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/09/2010
Submitted Date 04/09/2010

Dear Linda Bird,

Comments:

Dear Ms. Bird

Response 1

Comments: I have submitted an additional \$150.00 for filing fees.

Related Objection 1

Comment:

Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$150.00 is due on this submission. The rate is based on per form submitted under the revised Rule and Regulation 57.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I apologize for the error and I'm sorry for any inconvenience.

Thanks for your continued review of this filing.

Karen

Sincerely,

Cindy Traurig, Deborah Naegele, Jennifer Henley, Karen Eichler

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Company Tracking Number: CLI145

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: Form CLI-145-AR (2/10), Survivor UL

Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

Form Schedule

Lead Form Number: Form CLI-145-AR (2/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-145-AR (2/10)	Policy/Cont	Survivorship Flexible Initial			50.900	Form CLI-145-AR (2-10).pdf
	Form CLI-675 (2/10)	Certificate	Insurance Policy	Initial		54.100	Form CLI-675 (2-10).pdf
	Form CLI-676 (2/10)	Certificate	Policy Split Option	Initial		50.800	Form CLI-676 (2-10).pdf
	Form CLI-677 (2/10)	Certificate	Estate Protection	Initial		53.300	Form CLI-677 (2-10).pdf

**THE
CINCINNATI LIFE INSURANCE COMPANY**

Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
Home Office: FAIRFIELD, OHIO 45014-5141
(513) 870-2000

RIGHT TO EXAMINE POLICY

We want you to be satisfied with this Policy you have purchased. We urge you to examine it closely. If for any reason, you are not satisfied, you may return this Policy to us or to any of our agents within twenty days after you have received it. If this Policy is a replacement policy, you may return it within thirty days after you have received it in the same manner. We will cancel it and refund all of the premium you paid, including any fees or charges.

We will pay a benefit as provided in this Policy if this Policy is in force and if at least one of the insureds is alive on the Maturity Date shown in the Policy Specifications. If all insureds die before the Maturity Date and this Policy is in force, we will pay the Death Benefit to the beneficiary upon receipt at our Home Office of due proof of the last surviving insured's death. If the proceeds of the policy are not paid within 30 days from the date proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until said proceeds are paid. We will require surrender of this Policy in the course of any settlement. This Policy will end when the benefit is paid.

Executed at our Home Office in Cincinnati, Ohio.

[*Steven J. Johnston*]

[Secretary]

[*David Popplaw*]

[President]

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

Flexible Premiums Payable to Maturity Date

or Until Prior Death of All Insureds

Adjustable Death Benefit Payable at Death of the Last Surviving Insured

Before the Maturity Date

Cash Value Payable on Maturity Date

Nonparticipating

Benefits, Values, and Periods of Coverage are on an Indeterminate Basis
and May Vary According to the Policy's Terms

INSUREDS: [JOHN DOE]

[JANE DOE]

POLICY NUMBER: [1234567]



THE CINCINNATI LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

SPECIFIED AMOUNT	[\$100,000]
MINIMUM SPECIFIED AMOUNT	\$100,000
PREMIUMS PAYABLE FOR	[85 YEARS]
MAXIMUM LOAN INTEREST RATE	8% PER ANNUM IN ARREARS
THRESHOLD AMOUNT (ANNUAL)	[\$479.99]
PRIMARY MONTHLY ACCUMULATION FACTOR	[1.1715%]
SECONDARY MONTHLY ACCUMULATION FACTOR	[.4472%]
MINIMUM GUARANTEED INTEREST RATE (3% PER ANNUM)	.2466% MONTHLY FACTOR
PLANNED PERIODIC PREMIUMS [ANNUAL]	[\$479.99]
MAXIMUM ADMINISTRATIVE CHARGE FOR PARTIAL WITHDRAWALS	\$25.00
MAXIMUM PREMIUM EXPENSE CHARGE PERCENTAGE	25%
MAXIMUM MONTHLY ADMINISTRATIVE POLICY FEE	\$10.00
MAXIMUM MONTHLY FEE PER \$1,000 OF SPECIFIED AMOUNT	[\$0.1953] 1ST 20 YEARS
MINIMUM SETTLEMENT OPTION INTEREST RATE	1%

AT SOME FUTURE TIME, IT IS POSSIBLE THAT COVERAGE WILL EXPIRE IF NO PREMIUMS ARE PAID AFTER THE FIRST PREMIUM OR IF SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE. THIS POLICY MAY NOT MATURE EVEN IF PLANNED PREMIUMS ARE PAID DUE TO THE FACT THAT CURRENT COST OF INSURANCE AND INTEREST RATES ARE NOT GUARANTEED, AND BECAUSE POLICY LOANS, PARTIAL WITHDRAWALS AND CHANGES IN SPECIFIED AMOUNT WILL AFFECT THE LENGTH OF TIME THIS POLICY WILL REMAIN IN FORCE.

POLICY NUMBER	[1234567]
DATE OF ISSUE	[06/01/2010]
POLICY DATE	[06/01/2010]
MATURITY DATE	[06/01/2096]
MONTHLY ANNIVERSARY DATE	[01]

INSUREDS	[JOHN DOE]	[JANE DOE]
GENDER	[MALE]	[FEMALE]
AGE	[35]	[35]
RISK	[STANDARD]	[STANDARD]
CLASS	[ULTRA STANDARD]	[ULTRA STANDARD]

OWNER - AS STATED IN ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

BENEFICIARY - AS STATED IN ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

SURVIVORSHIP FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY

THE CINNATI LIFE INSURANCE COMPANY

TABLE OF VALUES

POLICY YEAR OR AGE OF YOUNGEST INSURED	BENEFIT	YEAR	POLICY VALUE	CASH VALUE
[1]	[100,000]	[2011]	[10.46]	[0.00]
[2]	[100,000]	[2012]	[20.75]	[0.00]
[3]	[100,000]	[2013]	[30.87]	[0.00]
[4]	[100,000]	[2014]	[40.56]	[0.00]
[5]	[100,000]	[2015]	[51.14]	[0.00]
[6]	[100,000]	[2016]	[61.67]	[0.00]
[7]	[100,000]	[2017]	[71.91]	[0.00]
[8]	[100,000]	[2018]	[81.85]	[0.00]
[9]	[100,000]	[2019]	[91.23]	[0.00]
[10]	[100,000]	[2020]	[99.80]	[0.00]
[11]	[100,000]	[2021]	[107.40]	[0.00]
[12]	[100,000]	[2022]	[113.65]	[0.00]
[13]	[100,000]	[2023]	[118.25]	[0.00]
[14]	[100,000]	[2024]	[120.90]	[0.00]
[15]	[100,000]	[2025]	[121.09]	[0.00]
[16]	[100,000]	[2026]	[118.11]	[0.00]
[17]	[100,000]	[2027]	[111.02]	[0.00]
[18]	[100,000]	[2028]	[98.73]	[0.00]
[19]	[100,000]	[2029]	[80.03]	[0.00]
[20]	[100,000]	[2030]	[53.18]	[53.18]
[AGE 60]	[100,000]	[2035]	[987.49]	[987.49]
[AGE 62]	[100,000]	[2037]	[1,269.95]	[1,269.95]
[AGE 65]	[100,000]	[2040]	[1,471.28]	[1,471.28]

POLICY NUMBER [1234567]

INSUREDS	[JOHN DOE]	[JANE DOE]
GENDER	[MALE]	[FEMALE]
AGE	[35]	[35]
RISK	[STANDARD]	[STANDARD]
CLASS	[ULTRA STANDARD]	[ULTRA STANDARD]

RESERVE AND NONFORFEITURE BASIS - THE RESERVE ON THIS POLICY IS COMPUTED IN ACCORDANCE WITH THE COMMISSIONERS' RESERVE VALUATION METHOD. THE POLICY VALUE SHOWN ABOVE IS BASED ON THE COST OF INSURANCE RATES SHOWN IN THE TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES AND THE MINIMUM GUARANTEED INTEREST RATE OF 3.0% PER ANNUM, THE MAXIMUM PREMIUM EXPENSE CHARGE PERCENTAGE, THE MAXIMUM MONTHLY ADMINISTRATIVE POLICY FEE, THE MAXIMUM MONTHLY FEE PER \$1,000 OF SPECIFIED AMOUNT AND PLANNED PERIODIC PREMIUM SHOWN IN THE POLICY SPECIFICATIONS.

THE CINNATI LIFE INSURANCE COMPANY

TABLE OF SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE
1	[1,916.00]
2	[1,900.00]
3	[1,882.00]
4	[1,864.00]
5	[1,846.00]
6	[1,723.00]
7	[1,600.00]
8	[1,477.00]
9	[1,354.00]
10	[1,231.00]
11	[1,108.00]
12	[985.00]
13	[861.00]
14	[738.00]
15	[615.00]
16	[492.00]
17	[369.00]
18	[246.00]
19	[123.00]
20 AND THEREAFTER	[0.00]

POLICY NUMBER [1234567]

INSUREDS [JOHN DOE]
 GENDER [MALE]
 AGE [35]
 RISK [STANDARD]
 CLASS [ULTRA STANDARD]

[JANE DOE]
 [FEMALE]
 [35]
 [STANDARD]
 [ULTRA STANDARD]

THE CINCINNATI LIFE INSURANCE COMPANY

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000
OF NET AMOUNT AT RISK**

POLICY YEAR	MONTHLY COST OF INSURANCE RATE	POLICY YEAR	MONTHLY COST OF INSURANCE RATE	POLICY YEAR	MONTHLY COST OF INSURANCE RATE
[1]	[0.000086]	[41]	[1.335421]	[81]	[64.291891]
[2]	[0.000278]	[42]	[1.560266]	[82]	[67.709969]
[3]	[0.000505]	[43]	[1.823970]	[83]	[71.337923]
[4]	[0.000770]	[44]	[2.131305]	[84]	[74.756239]
[5]	[0.001076]	[45]	[2.484609]	[85]	[78.322320]
[6]	[0.001447]	[46]	[2.905785]	[86]	[83.333333]
[7]	[0.001898]	[47]	[3.403788]		
[8]	[0.002452]	[48]	[3.954761]		
[9]	[0.003146]	[49]	[4.563823]		
[10]	[0.004007]	[50]	[5.252771]		
[11]	[0.005068]	[51]	[5.998646]		
[12]	[0.006362]	[52]	[6.848973]		
[13]	[0.007871]	[53]	[7.834540]		
[14]	[0.009589]	[54]	[8.888990]		
[15]	[0.011693]	[55]	[9.970373]		
[16]	[0.014303]	[56]	[10.900314]		
[17]	[0.017584]	[57]	[11.779114]		
[18]	[0.021687]	[58]	[12.920094]		
[19]	[0.026684]	[59]	[14.324885]		
[20]	[0.032931]	[60]	[15.999115]		
[21]	[0.040683]	[61]	[17.796278]		
[22]	[0.049935]	[62]	[19.575104]		
[23]	[0.060660]	[63]	[20.860516]		
[24]	[0.073017]	[64]	[21.689665]		
[25]	[0.087666]	[65]	[23.057191]		
[26]	[0.105368]	[66]	[24.728317]		
[27]	[0.127125]	[67]	[26.503551]		
[28]	[0.153353]	[68]	[28.475393]		
[29]	[0.184273]	[69]	[30.648324]		
[30]	[0.220267]	[70]	[33.035086]		
[31]	[0.262100]	[71]	[35.578025]		
[32]	[0.309899]	[72]	[38.204107]		
[33]	[0.365069]	[73]	[40.893362]		
[34]	[0.428730]	[74]	[43.644798]		
[35]	[0.503001]	[75]	[46.498036]		
[36]	[0.591475]	[76]	[49.371476]		
[37]	[0.698888]	[77]	[52.160463]		
[38]	[0.826632]	[78]	[54.844670]		
[39]	[0.972914]	[79]	[57.607521]		
[40]	[1.141510]	[80]	[61.019697]		

Basis: 2001 CSO Ultimate Age Last Birthday, gender and smoker distinct. The guaranteed cost of insurance rates are based on each insured's gender, attained age and rate class on the Policy Date.

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF MONTHLY GUARANTEED PREMIUMS

POLICY YEAR	MONTHLY GUARANTEED PREMIUM	POLICY YEAR	MONTHLY GUARANTEED PREMIUM	POLICY YEAR	MONTHLY GUARANTEED PREMIUM
[1]	[19.86]	[41]	[1,207.42]	[81]	[0.00]
[2]	[19.86]	[42]	[1,411.11]	[82]	[0.00]
[3]	[19.86]	[43]	[1,650.09]	[83]	[0.00]
[4]	[19.86]	[44]	[1,928.72]	[84]	[0.00]
[5]	[18.86]	[45]	[2,249.16]	[85]	[0.00]
[6]	[18.86]	[46]	[2,631.21]	[86]	[0.00]
[7]	[18.86]	[47]	[3,083.02]		
[8]	[18.86]	[48]	[3,583.12]		
[9]	[18.86]	[49]	[4,136.11]		
[10]	[18.86]	[50]	[4,761.69]		
[11]	[18.86]	[51]	[5,439.10]		
[12]	[18.86]	[52]	[6,211.34]		
[13]	[18.86]	[53]	[7,106.29]		
[14]	[18.86]	[54]	[8,063.89]		
[15]	[18.86]	[55]	[9,046.05]		
[16]	[21.02]	[56]	[9,891.04]		
[17]	[23.68]	[57]	[10,689.61]		
[18]	[26.93]	[58]	[11,725.72]		
[19]	[30.96]	[59]	[13,000.92]		
[20]	[35.86]	[60]	[14,520.36]		
[21]	[42.01]	[61]	[16,151.19]		
[22]	[49.49]	[62]	[17,765.29]		
[23]	[58.38]	[63]	[18,931.95]		
[24]	[69.06]	[64]	[19,684.78]		
[25]	[81.60]	[65]	[20,925.61]		
[26]	[99.11]	[66]	[0.00]		
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[30]	[201.14]	[70]	[0.00]		
[31]	[238.55]	[71]	[0.00]		
[32]	[281.41]	[72]	[0.00]		
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[36]	[534.90]	[76]	[0.00]		
[37]	[631.78]	[77]	[0.00]		
[38]	[747.10]	[78]	[0.00]		
[39]	[879.33]	[79]	[0.00]		
[40]	[1,031.86]	[80]	[0.00]		

**THE
CINCINNATI LIFE INSURANCE COMPANY**

**POLICY SPECIFICATIONS
ADDITIONAL RIDER BENEFITS**

BENEFIT	AMOUNT	BENEFIT EXPIRY	MONTHLY COST
[POLICY SPLIT OPTION]	N/A	[06-01-2061]	N/A
[SUBSTITUTION OF INSURED]	N/A	[06-01-2096]	N/A
[ESTATE PROTECTION]	[\$100,000.00]	[06-01-2014]	[\$0.01*]

*THIS MONTHLY COST CHANGES ON EACH POLICY ANNIVERSARY BASED UPON THE AGES OF THE INSURED.

POLICY NUMBER	[1234567]
DATE OF ISSUE	[06/01/2010]
POLICY DATE	[06/01/2010]
MATURITY DATE	[06/01/2096]
MONTHLY ANNIVERSARY DATE	[01]

INSUREDS	[JOHN DOE]
GENDER	[MALE]
AGE	[35]
RISK	[STANDARD]
CLASS	[ULTRA STANDARD]

[JANE DOE]
[FEMALE]
[35]
[STANDARD]
[ULTRA STANDARD]

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INTRODUCTION

This is a last survivor flexible premium adjustable universal life insurance policy. The first premium payment is due on the Policy Date. Subsequent premiums may be paid at any time, while this Policy remains in force, prior to the Maturity Date. In return for these premiums and the insurance application, we provide certain benefits.

This Policy provides life insurance proceeds. Proceeds payable at the death of the last surviving insured can be paid in a lump sum or under a payment plan.

Prior to the death of the last surviving insured, this Policy builds a Cash Value. This Cash Value is the basis for certain benefits you can use before the last surviving insured's death.

We will provide an illustration of: projected future life insurance, Policy Value, and Cash Value amounts. To receive the illustration, send us a request In Writing. The illustration will assume:

1. The specified amount;
2. The future premium payments you specify; and
3. Any other assumptions specified by you or by us.

The first illustration in each policy year will be free of charge. We may charge a fee not to exceed \$50 for each subsequent illustration.

This Policy contains a Table of Contents that will help you find information you will need about this Policy.

DEFINITIONS

In this Policy, the owner will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we" or "our."

Cash Value means the Policy Value less any surrender charges. The surrender charges are shown in the Table of Surrender Charges.

Death Benefit means the Death Benefit payable upon the last surviving insured's death prior to the Maturity Date. The Death Benefit is further described in the Death Benefit Provision of this Policy.

In Writing means in a written form satisfactory to us and received at our Home Office.

Indebtedness means all outstanding loans on this Policy including any interest due or accrued.

Maturity Date means the date at which the Cash Value of this Policy less Indebtedness is paid if at least one of the insureds is living. Even if this Policy continues to the Maturity Date, there may be little or no Cash Value to be paid as a result of policy loans, partial withdrawals, changes in specified amount and the fact that the current cost of insurance and interest rates are not guaranteed.

Payee means the recipient of payments relating to this Policy.

Planned Periodic Premiums mean the scheduled premiums the owner elects to pay.

Policy means the legal contract between you and us.

Policy Anniversary means an anniversary of the Policy Date. Policy months and years are measured from the Policy Date.

Policy Date means the date that this Policy becomes effective. It is shown in the Policy Specifications. Policy months, years and anniversaries are measured from this date.

Policy Value means the retrospective accumulation of premiums, reduced by specified charges (which include the cost of insurance) and expenses, at no less than the guaranteed minimum interest rate. The Policy Value is further described in the Policy Value section of this Policy.

LIFE INSURANCE BENEFITS

Death Benefit Provision

The Death Benefit will be the greater of:

1. The specified amount on the date of the last surviving insured's death; or
2. The percentage of the Policy Value on the date of the last surviving insured's death as shown in the Table of Percentages.

The Death Benefit will be reduced by any Indebtedness. The specified amount in effect on the Policy Date is shown in the Policy Specifications.

Simultaneous Death

If the insureds die at the same time or under circumstances where the order of death cannot be determined, only one Death Benefit will be paid.

TABLE OF PERCENTAGES

Attained Age of Younger Insured	Percentage	Attained Age of Younger Insured	Percentage
40 and younger	250	65	120
41	243	66	119
42	236	67	118
43	229	68	117
44	222	69	116
45	215	70	115
46	209	71	113
47	203	72	111
48	197	73	109
49	191	74	107
50	185	75-89	105
51	178	90	105
52	171	91	104
53	164	92	103
54	157	93	102
55	150	94	101
56	146	95 and over	100
57	142		
58	138		
59	134		
60	130		
61	128		
62	126		
63	124		
64	122		

Minimum Specified Amount

The minimum specified amount permitted under this Policy is shown in the Policy Specifications.

Change in Specified Amount

Subject to the following conditions, you may change the specified amount by sending us a request, In Writing, after the first Policy Anniversary:

1. Decrease in Specified Amount
 - a. any decrease will be effective on the monthly anniversary day on or next following our receipt of your request. Any such decrease will be applied in the following order:
 - (i) against the specified amount provided by the most recent increase; then
 - (ii) against the next most recent specified amount increases successively; and then
 - (iii) against the specified amount provided under the original application.
 - b. the specified amount remaining in force after any requested decrease may not be less than the minimum specified amount permitted under this Policy;
 - c. the Policy Value will be reduced by the surrender charge applicable to the amount of decrease in specified amount; and
 - d. the Threshold Amount and the Monthly Guaranteed Premiums will be reduced.

Amended Policy Specifications pages will be sent to you. They will include the new specified amount, the new Threshold Amount, a new Table of Monthly Guaranteed Premiums, and the effective date of the change.

2. Increase in Specified Amount

A request for an increase in the specified amount will be subject to the following requirements:

- a. a supplemental application must be submitted;
- b. evidence of insurability for each living insured satisfactory to us must be submitted;
- c. the attained age of each insured at the effective date of the increase cannot exceed our published issue age limits for this Policy at that time;
- d. the monthly deduction for the first month of the increase must be paid; and
- e. the surrender charge will be increased based on the attained ages of the insureds and the amount of increase.

An increase in the specified amount will cause the Continuation of Coverage section of this Policy to terminate. Review the Continuation of Coverage section of this Policy carefully.

An amended Policy Specifications page will be sent to you. It will show the new specified amount and the effective date of the change.

POLICY CONTROL

Ownership

The insureds are joint owners of this Policy unless:

1. Another person is designated as owner in the application; or
 2. A new owner has been designated as provided in the Change of Owner provision.
- The owner may exercise any right under this Policy while any insured is alive.

If the insureds are joint owners of this Policy, the surviving insured will become the sole owner after the death of the first insured to die.

Change of Owner

You may designate a new owner by notifying us In Writing while any insured is alive. When we receive written notice, the change will be effective on the date the notice was signed. Any change in ownership is subject to any payment or actions we may have taken before receiving the notice.

Assignment

You may assign this Policy by requesting, completing and returning our Conditional Assignment of Policy form to our Home Office or our authorized agent. In lieu of our Conditional Assignment of Policy form, at your request, we may accept an assignment form from a financial institution if signed by the owner.

Assignment, unless otherwise specified by you, shall take effect on the date our Conditional Assignment of Policy form (or other accepted assignment form) is signed by you, subject to any payments made or actions taken by us prior to receipt of such form.

We are not responsible for the validity of any assignment. Your rights and the rights of any beneficiary will be subject to the rights of any assignee.

BENEFICIARY

The beneficiary is as stated in the application unless a new beneficiary has been designated as provided in the Change of Beneficiary provision.

Change of Beneficiary

Unless an irrevocable beneficiary has been named, you may change the beneficiary by notifying us In Writing while any insured is alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

No Named Beneficiary

If no named beneficiary survives all the insureds, then, unless this Policy provides otherwise:

1. You will be the beneficiary; or
2. If you are deceased, your estate will be the beneficiary.

THE CONTRACT**Entire Contract**

The entire contract consists of: this Policy; any attached riders, endorsements or amendments; the application; and any supplemental applications. A copy of the application is attached at issue. Any supplemental application will also be made a part of this Policy when a change in coverage becomes effective. This contract is made in consideration of: the application; any supplemental applications; and the payment of premiums.

We will not use any statement to void this Policy or to defend against a claim under it unless that statement is contained in the attached application or supplemental applications. All statements in the application and supplemental applications will, in the absence of fraud, be deemed representations and not warranties.

Modification

An agent cannot change this contract. The only way this contract may be modified is by a written agreement signed by our President or Secretary.

Policy Dates

This basic policy goes into effect on the Policy Date. The Policy Date is shown in the Policy Specifications.

Policy years, policy months and anniversaries are measured from the Policy Date.

A change in coverage will be effective on the Policy Date shown in the amended Policy Specifications page which will be sent to you.

Termination of the Policy

All coverage under this Policy will terminate on:

1. The date you request that coverage terminates. In addition, we request you return this Policy to us;
2. The date the last surviving insured dies;
3. The date the grace period ends without sufficient premium being paid;
4. The Maturity Date; or
5. The date prescribed by the Suicide section.

Nonparticipation

This Policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

Misstatement of Age and Gender

If any insured's age or gender shown in the application is wrong, we will change the Death Benefit we pay to the amount which the most recent monthly cost of insurance deduction made would have purchased using the correct age and gender of all insureds.

Suicide

If, within two years from the date of issue, or reinstatement if allowed by state law, the last surviving insured dies by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid, less Indebtedness and partial withdrawals.

If you increase the specified amount, this two-year period will begin to run from the effective date of the increase with regard to the increase amount. The amount payable will be limited to a refund of that portion of the monthly deduction which was applicable to the increase in the specified amount.

Incontestability

We cannot contest this policy after it has been in force, during the insureds' lives, for two years from its date of issue or reinstatement, except as follows:

1. An increase in the specified amount can be contested until it has been in force for two years during the insureds' lives from its effective date; and
2. This provision does not apply to any rider providing disability or accidental death benefits.

Annual Statement

Within three months after each policy anniversary, we will send you an annual statement. The statement will show:

1. The beginning and end dates of the policy year;
2. The specified amount at the end of the policy year;
3. The Policy Value both at the beginning and end of the policy year;
4. The Cash Value at the end of the policy year;
5. Interest earned during the policy year;
6. Indebtedness at the end of the policy year;
7. Premiums paid during the policy year;
8. Charges incurred during the policy year; and

9. If assuming guaranteed interest, mortality and expense loads, the Policy's Cash Value less Indebtedness will not maintain insurance in force until the end of the next policy year unless further premium payments are made; a notice to that effect.

PREMIUM PAYMENTS

General

The first premium is due on the Policy Date. All premiums are payable either:

1. At our Home Office; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

Any premium payments after the first premium may be made under a periodic plan that you have chosen, or at any time while this Policy is in effect.

You may change the amount or frequency of premium payments provided the premium satisfies our minimum or maximum amount rules. If, at the end of any Policy Anniversary, the total premium paid exceeds the guideline premium limitation specified by the Internal Revenue Code, as amended, and the excess premium is not necessary to keep this Policy in force, we will return the excess premium, with interest, not later than 60 days from the end of the Policy Anniversary.

You may request that we send periodic premium reminders, at premium notice frequencies currently available.

You may pay premiums for the number of years shown in the Policy Specifications.

You can make an unscheduled premium payment at any time while this Policy is in effect if there is no Indebtedness. We can limit the number and amount of unscheduled payments if the amount increases the net amount at risk.

Grace Period

If the Cash Value less Indebtedness on the day before a monthly anniversary day is not enough to cover the next monthly deduction, we will allow a 61-day grace period to pay a premium sufficient to cover the lesser of the monthly deductions or the Continuation of Coverage premium requirements. At least 31 days before the end of the grace period, we will mail you notice of the sufficient premium. The monthly deduction is described in the Monthly Deduction provision.

This Policy will continue in force during the grace period. If the last surviving insured dies during the grace period, the Death Benefit will be reduced by the lesser of any unpaid monthly deduction or premium needed to meet the Continuation of Coverage premium requirements. If a premium is not paid by the end of the grace period, this Policy will terminate, without value, except as stated in the Continuation of Coverage section.

Reinstatement

This Policy may be reinstated at any time within five years after a grace period ends because sufficient premium has not been paid, if:

1. This Policy has not been surrendered for its Cash Value;
2. Evidence of insurability satisfactory to us is furnished;
3. You pay premiums to keep this Policy in effect for at least two months from the effective date of reinstatement; and

4. If only one insured is alive, you submit due proof that the other insured's death occurred while this Policy was in effect.

The Cash Value upon reinstatement will be determined by the premium paid at the time of reinstatement. Surrender charges will be reinstated as if this Policy had never terminated. We will notify you of the effective date of reinstatement.

CONTINUATION OF COVERAGE

This Policy will not enter the grace period, as provided in the Grace Period provision, if the Continuation of Coverage premium requirements are met. The Continuation of Coverage premium requirements are met if:

1. The Accumulated Premiums Paid less Indebtedness is greater than or equal to the Accumulated Monthly Guaranteed Premiums as of the end of the most recent policy month;
2. Indebtedness plus interest on Indebtedness to the next Policy Anniversary does not exceed the current Policy Value; and
3. Continuation of Coverage has not been terminated in accordance with the Continuation of Coverage Termination provision.

Accumulated Monthly Guaranteed Premiums

The Accumulated Monthly Guaranteed Premiums at the end of the first policy month is the Monthly Guaranteed Premium for the first policy month multiplied by 1 plus the Primary Monthly Accumulation Factor.

The Accumulated Monthly Guaranteed Premiums at the end of any other policy month is calculated as:

1. The Accumulated Monthly Guaranteed Premiums at the end of the preceding policy month; plus
 2. The Monthly Guaranteed Premium for the current policy month;
- multiplied by
3. 1 plus the Primary Monthly Accumulation Factor.

Monthly Guaranteed Premiums are shown in the Table of Monthly Guaranteed Premiums and the Primary Monthly Accumulation Factor is shown in the Policy Specifications. The Primary Monthly Accumulation Factor is applied to the premium from the date it is received.

Accumulated Premiums Paid

The Accumulated Premiums Paid at the end of the first policy month is the premium paid during the first policy month plus the Accumulation Amount.

The Accumulated Premiums Paid at the end of any other policy month equals:

1. The Accumulated Premiums Paid at the end of the preceding policy month; plus
2. Any premiums paid during the current policy month; minus
3. Any partial withdrawals made during the current policy month; plus
4. The Accumulation Amount.

The Accumulation Amount equals:

1. The Primary Monthly Accumulation Factor multiplied by the lesser of:
 - a. (i) the Accumulated Premiums Paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; and
- b. the Accumulated Threshold Amount; plus

2. The Secondary Monthly Accumulation Factor shown in the Policy Specifications multiplied by the excess, if any, of:
 - a. (i) the Accumulated Premiums Paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; over
 - b. the Accumulated Threshold Amount.

The Threshold Amount and the Secondary Monthly Accumulation Factor are shown in the Policy Specifications. The Secondary Monthly Accumulation Factor is applied to the premium from the date it is received.

Accumulated Threshold Amount

The Accumulated Threshold Amount for the first policy month equals the Threshold Amount multiplied by 1 plus the Primary Monthly Accumulation Factor.

The Accumulated Threshold Amount for any other policy month equals:

1. The Accumulated Threshold Amount at the end of the preceding policy month, plus
2. The Threshold Amount for the current policy month; multiplied by
3. 1 plus the Primary Monthly Accumulation Factor.

Catch-up Provision

While this Policy is in force, if the Accumulated Premiums Paid is less than the Accumulated Monthly Guaranteed Premiums, you can pay additional premium to satisfy the Continuation of Coverage premium requirements.

Continuation of Coverage Termination

Continuation of Coverage will terminate and cease to be in force on the earliest of the following dates:

1. The date of surrender or termination of this Policy;
2. The effective date of any increase in specified amount; or
3. The date this Policy terminates in accordance with the Grace Period provision.

Once Continuation of Coverage terminates, it cannot be reinstated. If this Policy lapses and is reinstated, Continuation of Coverage will not be part of the reinstated policy.

POLICY LOANS

General

You may borrow against this policy while it is in force, if:

1. A request is made In Writing; and
2. This Policy is assigned to us as sole security.

We may defer a loan for up to six months unless it is to be used to pay premiums to us. The policy loan can be any amount up to:

1. The Cash Value; minus
2. Indebtedness plus interest on Indebtedness to the next Policy Anniversary.

A loan will impact the Continuation of Coverage section of this Policy. Before requesting a loan, review the Continuation of Coverage section carefully.

Repayment

You may repay Indebtedness while this Policy is in force. If you do not repay the Indebtedness, it will be deducted from the Cash Value or Death Benefit proceeds at termination. Interest will be charged up to the date of repayment or termination. On the day before the monthly anniversary day, if the Cash Value less Indebtedness is not enough to cover the monthly deduction for the next month, the Grace Period provision will apply. We will send you and any assignee a notice of the minimum amount due.

Loan Interest

Loan interest is payable at the earlier of:

1. The end of each policy year; or
2. When the Indebtedness is repaid in full.

Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

The maximum rate of loan interest is shown in the Policy Specifications. We may charge a lower rate of interest.

POLICY VALUE

General

Upon receipt of each premium paid, including the initial premium, we will deduct a premium expense charge. The remainder of each premium will become part of the Policy Value. This is called a net premium and will earn interest from the day we receive it in our Home Office.

The maximum premium expense charge percentage is shown in the Policy Specifications. We may deduct a lower premium expense charge.

At the beginning of each policy month, after the first, we will make the deduction described in the Monthly Deduction provision.

Interest

We will credit interest on the Policy Value at no less than the minimum guaranteed annual interest rate shown in the Policy Specifications. We may credit interest in excess of this rate. The excess credited amount is nonforfeitable after crediting except indirectly due to surrender charges.

Any part of the Policy Value that is used to secure a loan balance will earn only the minimum guaranteed annual interest rate. No excess interest will be paid. The amount of any partial withdrawal will stop earning interest on the date of the withdrawal.

Interest earned will be added to the Policy Value on each monthly anniversary. Interest will be earned until the day this Policy terminates.

Calculation of Policy Values

The Policy Value on the policy date will be the initial net premium.

The Policy Value on a monthly anniversary date is:

1. The Policy Value on the preceding monthly anniversary date; less
2. The monthly deduction for the preceding month; plus
3. One month's interest on the difference between (1) and (2); plus

4. Net premiums received since the preceding monthly anniversary date, accumulated at interest to the current monthly anniversary date; less
5. Any partial withdrawals and associated administrative charge for partial withdrawals since the preceding monthly anniversary date, accumulated at interest to the current monthly anniversary date; less
6. Any charge for a requested decrease in specified amount.

On any other day, the Policy Value is:

1. The Policy Value on the preceding monthly anniversary date; less
2. The monthly deduction for the current month; plus
3. Interest on the difference to the day on which the Policy Value is being determined; plus
4. Net premiums received since the preceding monthly anniversary date, accumulated at interest to the day on which the Policy Value is being determined; less
5. Any partial withdrawals and associated administrative charge for partial withdrawals since the preceding monthly anniversary date, accumulated at interest to the day on which the Policy Value is being determined.

All values under this Policy equal or exceed those required by the state in which this Policy is delivered. The method of calculation has been filed with the Insurance Department of the state in which this Policy is delivered.

Monthly Deduction

The monthly deduction for a policy month will be equal to:

1. The cost of insurance for this Policy; plus
2. The cost of additional benefits provided by rider; plus
3. The monthly administrative policy fee; plus
4. The monthly fee per \$1,000 of specified amount.

The maximum monthly administrative policy fee and maximum monthly fee per \$1,000 of specified amount are shown in the Policy Specifications. We may charge a lower monthly administrative policy fee and monthly fee per \$1,000 of specified amount.

Cost of Insurance

The cost of insurance for this Policy is calculated as follows:

1. The cost of insurance rate;
- multiplied by
2. The net of:
 - a. the Death Benefit at the beginning of the policy month divided by 1 plus the monthly equivalent of the minimum guaranteed annual interest rate shown in the Policy Specifications; minus
 - b. the greater of zero and the Policy Value at the beginning of the policy month less the cost of any additional benefit provided by rider, the monthly administrative policy fee and the monthly fee per \$1,000 of specified amount;
- divided by
3. \$1,000.

The cost of insurance for any rider is calculated as shown in the Cost of Insurance provision of the rider.

Cost of Insurance Rates

The cost of insurance rate for the initial specified amount is based on each insured's:

1. Gender;
2. Attained age;
3. Rate class on the policy date; and
4. Specified amount.

The cost of insurance rate for any increase in the specified amount is based on each insured's:

1. Gender;
2. Attained age;
3. Rate class on the effective date of the change; and
4. Initial specified amount.

Attained age means the insured's age on the most recent Policy Anniversary.

The maximum cost of insurance rates that we can charge are described in the Table of Monthly Guaranteed Cost of Insurance Rates.

Any change in the cost of insurance rate will be on a uniform basis for insureds of the same:

1. Gender;
2. Attained age;
3. Rate class; and
4. Specified amount.

Changes in Rates and Charges

At our sole discretion, we may change the premium expense charge, credit interest rate, and monthly deductions. We will base these changes on future anticipated experience as to mortality, persistency, investment earnings, expenses, and taxes.

Insufficient Cash Value

On the day before the monthly anniversary day, if the Cash Value less Indebtedness is not enough to cover the monthly deduction for the next month, the Grace Period provision will apply.

Surrender

You can surrender this Policy by sending us a request In Writing along with this Policy. A surrender must take place before the death of the last surviving insured and will be effective as of the monthly anniversary on or next following the date we receive your surrender request.

The amount payable on surrender of this Policy is the Cash Value on the date of surrender less any Indebtedness.

If you request to make a surrender within 30 days after a Policy Anniversary, the amount payable will not be less than the amount payable on that anniversary less Indebtedness and partial withdrawals made on or after the Policy Anniversary.

The amount payable upon surrender is payable in one sum or under a settlement option. We can defer payment for up to six months. We will not defer payment if:

1. The law requires us to pay earlier; or
2. The amount payable is to be used to pay premiums on policies you have with us.

The Cash Values available under this Policy are not less than the minimum values required by the state in which this Policy is delivered.

Partial Withdrawals

After the first Policy Anniversary and while any insured is alive, you may make a partial withdrawal of the Cash Value of this Policy by sending us a request In Writing. There will be an administrative charge for each partial withdrawal made. The maximum administrative charge for a partial withdrawal is shown in the Policy Specifications. Any request for a partial withdrawal will become effective on the monthly anniversary on or next following the date we receive your request.

A partial withdrawal will impact the Continuation of Coverage section of this Policy. Before requesting a partial withdrawal, review the Continuation of Coverage section carefully.

The partial withdrawal can be of any amount up to:

1. The Cash Value; minus
2. Indebtedness plus interest on Indebtedness to the next Policy Anniversary; minus
3. Any administrative charge; minus
4. An amount equal to the monthly deduction for the number of months until the next Policy Anniversary.

The amount of each partial withdrawal and administrative charge will be deducted from the Cash Value.

Any partial withdrawal will reduce the specified amount in the following order:

1. The specified amount provided by the most recent increase in the specified amount; then
2. The next most recent increases in the specified amount successively; and then
3. The specified amount provided under the original application.

The partial withdrawal cannot be an amount that would reduce the specified amount to less than the minimum specified amount permitted under this Policy. The minimum specified amount is shown in the Policy Specifications.

A partial withdrawal is payable in one sum. We can defer paying any partial withdrawal for up to six months. We will not defer payment if:

1. The law requires us to pay earlier; or
2. The amount payable is to be used to pay premiums on policies you have with us.

SETTLEMENT PROVISIONS

General

The proceeds payable at death or surrender may be paid in one sum to the Payee. They may also be paid under one or more of the settlement options as long as:

1. The total payment due is at least \$5,000.00; and
2. Each income payment provided by the option is at least \$50.00.

Election

The Payee may elect a settlement option by notifying us In Writing. No settlement option will be available except with our consent if:

1. This Policy is assigned; or
2. The Payee is a corporation, association, partnership, trustee or estate.

The Payee may change the election of a settlement option by notifying us In Writing on or before the date that proceeds become payable. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the date that proceeds become payable, the Payee may elect a settlement option.

Settlement Options

Option 1--Income for Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2--Life Income with Payments Guaranteed for Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the Payee is alive. Payment will be guaranteed for ten years. If the Payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3--Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

Option 4--Current Purchase Option:

If the Payee is a natural person, the Payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied. The Payee may elect this option by making application In Writing within 31 days of the date that proceeds become payable.

MATURITY AND SETTLEMENT OPTIONS TABLE

Monthly Income Per \$1,000.00 of Proceeds

Based on the Minimum Settlement Option Interest Rate shown in the Policy Specifications

TABLE A OPTION 1 Income for Fixed Period		TABLE B OPTION 2 - 10 Years Certain and Life The amount of Income is based on the gender and age last birthday of the Payee on the date of the first payment.					
No. of Years	Monthly Income	Age	Men Certain Period 10 Years	Women Certain Period 10 Years	Age	Men Certain Period 10 Years	Women Certain Period 10 Years
1	\$83.71						
2	42.06						
3	28.18						
4	21.24						
5	17.07						
6	14.30						
7	12.31						
8	10.83						
9	9.67	50	\$2.95	\$2.72	68	\$4.82	\$4.40
10	8.75	51	3.02	2.78	69	4.97	4.54
11	7.99	52	3.09	2.84	70	5.13	4.70
12	7.36	53	3.16	2.91	71	5.30	4.86
13	6.83	54	3.24	2.98	72	5.46	5.03
14	6.37						
15	5.97						
16	5.63	55	3.32	3.05	73	5.64	5.21
17	5.32	56	3.40	3.12	74	5.81	5.40
18	5.05	57	3.49	3.20	75	5.99	5.59
19	4.81	58	3.59	3.28	76	6.17	5.78
20	4.59	59	3.68	3.37	77	6.35	5.98
21	4.39						
22	4.21						
23	4.05	60	3.79	3.46	78	6.52	6.18
24	3.90	61	3.90	3.56	79	6.70	6.39
25	3.76	62	4.01	3.66	80	6.87	6.59
26	3.63	63	4.13	3.77	81	7.04	6.79
27	3.51	64	4.26	3.88	82	7.20	6.98
28	3.40						
29	3.30						
30	3.21						
Annual Income is 11.787 times the monthly income.		65	4.39	4.00	83	7.36	7.16
Semiannual Income is 5.951 times the monthly income.		66	4.53	4.12	84	7.51	7.34
Quarterly Income is 2.990 times the monthly income.		67	4.67	4.26	85 and over	7.65	7.51

The first installment under all options, will be payable as of the date of death or election of surrender value; however, provision to the contrary may be made in the settlement agreement.

Income payments under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the minimum settlement option interest rate shown in the Policy Specifications.

**THE
CINCINNATI LIFE INSURANCE COMPANY**

Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
Home Office: FAIRFIELD, OHIO 45014-5141
(513) 870-2000

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

Flexible Premiums Payable to Maturity Date
or Until Prior Death of All Insureds

Adjustable Death Benefit Payable at Death of the Last Surviving Insured
Before the Maturity Date

Cash Value Payable on Maturity Date
Nonparticipating

Benefits, Values, and Periods of Coverage are on an Indeterminate Basis
and May Vary According to the Policy's Terms

THE
CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

POLICY SPLIT OPTION RIDER

We have issued this rider as a part of the Policy to which it is attached. This rider, from its date of issue, is subject to the conditions and provisions of the Policy unless otherwise provided in this rider.

Benefit

While this Policy and rider are in force, you may exchange this Policy, without evidence of insurability, for an individual policy on each insured if one of the following events occurs:

1. The Federal Estate Tax Law, IRC Code 1986 as amended, is changed resulting in:
 - a. the removal of the unlimited marital deduction provision; or
 - b. a reduction of at least 50% in the level of estate taxes payable on the last death;or
2. A final divorce, dissolution or annulment decree is issued with respect to the marriage of the insureds, and the insureds may not be remarried to each other as of the Exchange Date; or
3. A corporation or partnership is dissolved if this Policy is owned by a corporation or partnership.

Exchange Date

The Exchange Date will be a monthly anniversary date on or next following completion of both:

1. Our approval of all applications; and
2. Receipt of the first premium for each new policy.

This Policy will continue in force to, but not including, the Exchange Date. In no event will we provide coverage under this Policy and the new policies at the same time.

Conditions for Exchange

To exercise this option:

1. The owner must notify us In Writing;
2. The exchange must occur:
 - a. within 180 days after the Federal Estate Tax Law change as described in the Benefit provision;
 - b. within 180 days after the final divorce, dissolution or annulment is issued; or
 - c. within 180 days after the dissolution of a corporation or partnership;
3. We must receive evidence, satisfactory to us, of:
 - a. divorce, dissolution or annulment; or
 - b. dissolution of the corporation or partnership;
4. Written consent of the exchange must be provided to us by all owners, insureds, assignees and irrevocable beneficiaries;
5. Written proof must be provided to us that the owner of each new policy, if other than the insured, has an insurable interest in the life of the insured; and
6. Neither insured may have a class of uninsurable.

New Policies

1. The policies available for exchange will be:
 - a. a fixed premium permanent life insurance policy; or
 - b. a flexible premium adjustable life insurance policy. The Death Benefit Option will be the same as this Policy.
2. The insured's risk class of each new policy will be the same as or comparable to the risk class for that insured under this Policy.
3. The Policy Date of each new policy will be the Exchange Date;
4. The issue age for each new policy will be the attained age of the insured on the Policy Date of each new policy.
5. Each new policy will be subject to any assignment against this Policy.
6. The Specified Amount of each new policy may not exceed the Specified Amount of this Policy divided by the number of persons insured under this Policy on the Exchange Date.
7. The period of time stated in the Suicide and Incontestability provisions of each new policy will run from the date of issue of this Policy.
8. Optional benefit riders will only be included with each new policy subject to our rules then in effect.

Policy Cash Value

The Cash Value less Indebtedness of this Policy, divided by the number of persons insured under this Policy on the Exchange Date, will be credited to each new policy.

Termination

This rider will terminate upon the earliest of:

1. Receipt of your request In Writing;
2. The date any settlement option takes place;
3. Termination of this Policy for any reason;
4. The Exchange Date;
5. The date only one insured remains covered under this Policy; or
6. The date the oldest insured reaches age 86.

General

This rider has no cash values. This rider is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

The date of this rider is the same as the Policy Date unless a different date is shown in the Policy Specifications.

THE CINCINNATI LIFE INSURANCE COMPANY



Secretary

THE
CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

SUBSTITUTION OF INSURED RIDER

We have issued this rider as a part of the Policy to which it is attached. This rider, from its date of issue, is subject to the conditions and provisions of the Policy unless otherwise provided in this rider.

Definitions

Current Insured means the insured who will be removed from coverage under this Policy the day prior to the Date of Substitution.

Substitute Insured means the person who will become insured under this Policy on the Date of Substitution.

Benefit

This rider provides the right to substitute a new insured in place of a Current Insured under this Policy.

Requirements to Substitute Insured

The attained age of the Substitute Insured on the Date of Substitution must not be less than the minimum age or greater than the maximum age allowed by us for this Policy on the Policy Date.

Before the substitution may become effective, we must receive:

1. Your request In Writing, and
2. Evidence of insurability, satisfactory to us, of the Substitute Insured.

Date of Substitution

The Date of Substitution will be the monthly anniversary date on or next following the date we approve your application for substitution.

The insurance on the Current Insured will continue to, but not include, the Date of Substitution.

The Policy After Substitution

The insurance on the Substitute Insured will become effective on the Date of Substitution. Any riders in force under this Policy on the day before the Date of Substitution may be continued only with our consent.

As they apply to the Substitute Insured:

1. The Incontestability and Suicide periods for this Policy and rider will be measured from the Date of Substitution; and
2. The amount payable under the Suicide provision of this Policy will be limited to:
 - a. the Policy Value of this Policy on the day before the Date of Substitution; plus
 - b. the amount of any premiums paid on and after the Date of Substitution; minus
 - c. any amounts withdrawn on and after the Date of Substitution; and minus
 - d. any Indebtedness.

On and after the Date of Substitution, all charges, fees, and surrender charges will be based on the attained age, gender, and class of the continuing insured(s) and the Substitute Insured.

The Threshold Amount and the Monthly Guaranteed Premiums will be amended. Amended Policy Specification pages will be sent to you. They will include the Substitute Insured, the new Threshold Amount, a new Table of Monthly Guaranteed Premiums, and the effective date of the change.

Termination of this Rider

This rider will continue in force until the Benefit Expiry date shown in the Policy Specifications. It will automatically terminate before that date at the time either of the following occurs:

1. Change of this Policy to a different policy under which this rider is not available; or
2. Termination of this Policy for any reason.

General

This rider has no cash values. This rider is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

The date of this rider is the same as the Policy Date unless a different date is shown in the Policy Specifications.

THE CINCINNATI LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Steven J. Johnston". The signature is written in a cursive style with a large, stylized "S" and "J".

Secretary

THE
CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

ESTATE PROTECTION RIDER

We have issued this rider as part of the Policy to which it is attached. This rider, from its date of issue, is subject to the conditions and provisions of the Policy unless otherwise provided in this rider.

Benefit

This rider provides a level amount of survivorship term life insurance on the lives of the insureds equal to the Rider Death Benefit. The Rider Death Benefit is shown in the Policy Specifications page.

If all insureds die while this rider is in force and before the Benefit Expiry date, we will add the Rider Death Benefit to the Death Benefit provided by this Policy. The rider expiration date is shown in the Policy Specifications page.

Rider Death Benefit

The Rider Death Benefit cannot exceed the Specified Amount of this Policy. If the Specified Amount of this policy is decreased below this Rider Death Benefit, the Rider Death Benefit will be decreased to the amount of the decreased Specified Amount. Any such decrease in the Rider Death Benefit will be effective on the same date as the decrease in the Specified Amount.

You may request a decrease in the Rider Death Benefit by notifying us In Writing. The decrease will be effective on the monthly anniversary date next following our receipt of your request.

The Rider Death Benefit cannot be increased and is not eligible for inclusion in the event of a policy split.

Rider Cost of Insurance Charges

The charge for the Rider Death Benefit is calculated as follows:

1. The current cost of insurance rate for the Policy; multiplied by
2. The Rider Death Benefit; divided by
3. \$1,000.

Basis of the Cost of Insurance Rates

The maximum monthly cost of insurance rates are shown in the Table of Monthly Guaranteed Cost of Insurance Rates Per \$1,000 shown in this Policy. We may charge a lower rate in determining the monthly rider charges.

Such lower rates will be applied on a uniform basis for insureds of the same:

1. Gender;
2. Attained age;
3. Rate class; and
4. Specified amount.

Misstatement of Age or Gender

If any insured's age or gender shown on the application is wrong, we will change the Rider Death Benefit we pay to the amount which the most recent monthly rider charge would have purchased using the correct age and gender of all insureds.

Termination

This rider will terminate upon the earliest of:

1. Receipt of your request In Writing;
2. The date any settlement option takes effect;
3. Termination of this Policy for any reason; or
4. The Benefit Expiry date shown in the Policy Specifications page.

Once this rider terminates, you may not reinstate it.

General

This rider has no cash values. This rider is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

The date of this rider is the same as the Policy Date unless a different date is shown in the Policy Specifications.

THE CINCINNATI LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Steven J. Johnston". The signature is written in a cursive style with a large, stylized "S" and "J".

Secretary

SERFF Tracking Number: GRJR-126479949 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 45381
Company Tracking Number: CLI145
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: Form CLI-145-AR (2/10), Survivor UL
Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Certification of Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: CLI-1030 Application for Life Insurance.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A, not a health filing. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: N/A, not a health filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certificate of Compliance Comments: Attachment:		

SERFF Tracking Number: GRJR-126479949 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 45381
Company Tracking Number: CLI145
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: Form CLI-145-AR (2/10), Survivor UL
Project Name/Number: Form CLI-145-AR (2/10), Survivor UL/Form CLI-145-AR (2/10), Survivor UL

AR Certification Of Compliance.pdf

Item Status: Status
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

CLI-145 Statement of Variability.pdf

Item Status: Status
Date:

Satisfied - Item: Certification - Consent to submit
rates

Comments:

Attachment:

AR Consent to Submit Rates.pdf

Item Status: Status
Date:

Satisfied - Item: Universal Life Certification

Comments:

Attachment:

AR UL Certification.pdf

Item Status: Status
Date:

Satisfied - Item: ILLUSTRATION

Comments:

Attachment:

CLI-145 Illustration.pdf

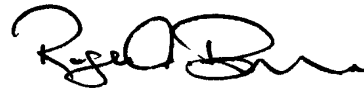
ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-145-AR (2/10) Survivorship Flexible Premium Adjustable Universal Life Insurance Policy; Form CLI-675 (2/10), Policy Split Option Rider ; Form CLI-676 (2/10), Substitution of Insured Rider; and Form CLI-677 (2/10), Estate Protection Rider

has achieved a Flesch Reading Ease Score of 50.9; 54.1; 50.8; & 53.3 respectively, and complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

February 11, 2010

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

Application for Life Insurance

☐ NEW

☐ CHANGE

Please print or type all information

INSURED	1. Proposed Insured (first, middle, last)		2. Birth Date		3. Gender <input type="checkbox"/> M <input type="checkbox"/> F		4. Height		5. Soc. Sec. No.			
			6. Birthplace (state)				7. Weight		8. Phone Home _____ Work _____			
	9. Street Address		Apt. #		City		State		Zip			
									10. Driver's Lic. No./State			
11. Has the Proposed Insured been a permanent resident of the United States or its territories for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39)												
12. Is the Proposed Insured actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39) Occupation _____ Employer _____ Hours Per Week _____												
BENEFIT	13. Primary Beneficiary					Relationship						
	14. Contingent Beneficiary					Relationship						
	15. Owner (if other than Proposed Insured)					Address			Relationship			
									16. Soc. Sec. No./EIN (if business)			
									17. E-mail Address			
18. Plan					Face Amount			19. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B				
20. Optional Benefit Riders												
<input type="checkbox"/> Accidental Death Benefit \$ _____ Amount					<input type="checkbox"/> Waiver of Premium/Cost of Insurance							
<input type="checkbox"/> Children's Term (complete #37) _____ Units					<input type="checkbox"/> Accelerated Benefit (submit disclosure if required)							
<input type="checkbox"/> Insured Insurability (GPO) \$ _____ Amount					Rider _____ Rider _____							
21. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> List Bill <input type="checkbox"/> Bank-O-Matic (complete authorization)												
22. Amount Remitted with Application \$ _____					23. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No							
COND. RECEIPT	CONDITIONAL RECEIPT QUESTIONS											
	If Questions 24, 25 or 26 Are Left Blank or Answered "Yes," a Premium Payment Cannot Be Accepted and Any Conditional Receipt Will Be Void.											
24. In the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted, scheduled surgery or had surgery performed or recommended?.....										Yes <input type="checkbox"/>	No <input type="checkbox"/>	
25. In the past two years, has the Proposed Insured been treated by a medical professional for heart disease, stroke, cancer or Acquired Immune Deficiency Syndrome (AIDS)?										Yes <input type="checkbox"/>	No <input type="checkbox"/>	
26. Does the Proposed Insured have any intention to travel outside the United States or Canada within the next 90 days?										Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PERSONAL HISTORY	GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #39											
											Yes	No
	27. Has the Proposed Insured:											
	a. In the last three years, flown or made plans to fly as a pilot, student pilot or crew member? (If "Yes," complete Aviation Questionnaire)										<input type="checkbox"/>	<input type="checkbox"/>
	b. Traveled or resided outside the USA or Canada in the last two years, or have any intention of traveling or residing outside the USA or Canada within the next two years?										<input type="checkbox"/>	<input type="checkbox"/>
	c. Engaged in sky or scuba diving, hang gliding, rock climbing or any form of motorized racing in the last three years, or have any intention of engaging in any of these activities within the next two years? (If "Yes," complete Sports Questionnaire)										<input type="checkbox"/>	<input type="checkbox"/>
	d. Ever used heroin, cocaine (including crack), LSD, PCP, amphetamines, barbiturates, marijuana, any derivative of these drugs or any controlled substance except as prescribed by a medical professional?										<input type="checkbox"/>	<input type="checkbox"/>
	e. Ever received or been advised to seek counseling for alcohol and/or drug abuse?										<input type="checkbox"/>	<input type="checkbox"/>
	f. Ever been rated or declined for insurance or been denied reissue or reinstatement of a policy?										<input type="checkbox"/>	<input type="checkbox"/>
	g. Ever been convicted of a felony?										<input type="checkbox"/>	<input type="checkbox"/>
h. In the last three years, had two or more traffic violations, been convicted of driving while intoxicated or under the influence of a controlled substance or ever had his/her license suspended or revoked?										<input type="checkbox"/>	<input type="checkbox"/>	
28. Does the Proposed Insured belong to or intend to join the armed forces including reserves? (If "Yes," complete Military Questionnaire)										<input type="checkbox"/>	<input type="checkbox"/>	
29. Has the Proposed Insured ever filed for bankruptcy? If "Yes," date(s) discharged										<input type="checkbox"/>	<input type="checkbox"/>	

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

In continuation of application for life insurance

PERSONAL HISTORY	30. In the last ten years, has the Proposed Insured had or been told by a medical professional he/she had, any of the following? (If "Yes," check the items that pertain) <table style="float: right; text-align: center;"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																									
	Yes	No																																			
	<input type="checkbox"/>	<input type="checkbox"/>																																			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Stroke</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Prostate disorder</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Lung or respiratory disorder</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Diabetes</td> <td style="border: none;"><input type="checkbox"/> High blood pressure</td> <td style="border: none;"><input type="checkbox"/> Disease of the reproductive organs</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hepatitis</td> <td style="border: none;"><input type="checkbox"/> Digestive system disorder</td> <td style="border: none;"><input type="checkbox"/> Deformity, lameness or amputation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chest pain</td> <td style="border: none;"><input type="checkbox"/> Mental or nervous disorder</td> <td style="border: none;"><input type="checkbox"/> Muscle or connective tissue disorder</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Skin disorder</td> <td style="border: none;"><input type="checkbox"/> Cancer or tumor of any kind</td> <td style="border: none;"><input type="checkbox"/> Thyroid or other endocrine disorders</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bone disorder</td> <td style="border: none;"><input type="checkbox"/> Spine, back or joint disorder</td> <td style="border: none;"><input type="checkbox"/> Disorder of the blood or lymph nodes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Seizure disorder</td> <td style="border: none;"><input type="checkbox"/> Dizziness, fainting or headache</td> <td style="border: none;"><input type="checkbox"/> Disease of the heart or blood vessels</td> </tr> <tr> <td colspan="3" style="border: none;"><input type="checkbox"/> Kidney or bladder disease or disorder</td> </tr> </table>								<input type="checkbox"/> Stroke	<input type="checkbox"/> Prostate disorder	<input type="checkbox"/> Lung or respiratory disorder	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Disease of the reproductive organs	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Digestive system disorder	<input type="checkbox"/> Deformity, lameness or amputation	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Mental or nervous disorder	<input type="checkbox"/> Muscle or connective tissue disorder	<input type="checkbox"/> Skin disorder	<input type="checkbox"/> Cancer or tumor of any kind	<input type="checkbox"/> Thyroid or other endocrine disorders	<input type="checkbox"/> Bone disorder	<input type="checkbox"/> Spine, back or joint disorder	<input type="checkbox"/> Disorder of the blood or lymph nodes	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Dizziness, fainting or headache	<input type="checkbox"/> Disease of the heart or blood vessels	<input type="checkbox"/> Kidney or bladder disease or disorder							
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31. Has the Proposed Insured: <table style="float: right; text-align: center;"> <tr> <th>Yes</th> <th>No</th> </tr> </table>								Yes	No																												
Yes	No																																				
a. In the last five years, been hospitalized or consulted, been examined or treated by any physician, psychiatrist or other medical professional not disclosed in response to the prior questions? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
b. Ever been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
c. Been advised to have surgery within the next six months by a medical professional? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
32. Is the Proposed Insured taking any prescribed medication or herbal treatment? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
33. Female Proposed Insured only: Is the Proposed Insured now pregnant? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
34. Has the Proposed Insured ever used tobacco or nicotine products? (If "Yes," complete the following) <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;"><u>Present</u></td> <td style="width: 20%; text-align: center;"><u>Quit (date)</u></td> <td style="width: 20%; text-align: center;"><u># Packs Per Day</u></td> <td style="width: 10%; text-align: center;"><u>Present</u></td> <td style="width: 20%; text-align: center;"><u>Quit (date)</u></td> </tr> <tr> <td>Cigar</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Cigarettes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Pipe</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Patch, Gum or Other</td> <td></td> <td></td> </tr> <tr> <td>Smokeless</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Nicotine Products</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>									<u>Present</u>	<u>Quit (date)</u>	<u># Packs Per Day</u>	<u>Present</u>	<u>Quit (date)</u>	Cigar	<input type="checkbox"/>		Cigarettes	<input type="checkbox"/>		Pipe	<input type="checkbox"/>		Patch, Gum or Other			Smokeless	<input type="checkbox"/>		Nicotine Products	<input type="checkbox"/>							
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Pipe	<input type="checkbox"/>		Patch, Gum or Other																																		
Smokeless	<input type="checkbox"/>		Nicotine Products	<input type="checkbox"/>																																	
35. Proposed Insured's Regular Attending Physician (If "None," so state) <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Name</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Phone #</td> <td style="border-bottom: 1px solid black; text-align: center;">Date of Last Visit</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Reason/Result of Last Visit</td> </tr> </table>								Name	Address	Phone #	Date of Last Visit	Reason/Result of Last Visit																									
Name	Address																																				
Phone #	Date of Last Visit																																				
Reason/Result of Last Visit																																					
36. Have any of the Proposed Insured's parents, brothers or sisters died from, or been diagnosed by a medical professional as having, heart disease or cancer before age 60? (If "Yes," identify family members, disorder and age at death in #39) <table style="float: right; text-align: center;"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																										
Yes	No																																				
<input type="checkbox"/>	<input type="checkbox"/>																																				
CTR	37. CHILDREN'S TERM RIDER Available for all children, stepchildren or legally adopted children age 18 and under.																																				
	Name	Date of Birth	Height	Weight	Other than a routine physical, has any child been treated by a medical professional or been hospitalized in the past two years? (Please explain "Yes" answers in #39).....	Yes	No																														
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
EXISTING COVERAGE	38. a. Does the Proposed Insured have any life insurance policies or annuities in force with The Cincinnati Life Insurance Company or any other company? <table style="float: right; text-align: center;"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																									
	Yes	No																																			
	<input type="checkbox"/>	<input type="checkbox"/>																																			
	b. Do you intend to finance any of the premium required to pay for this policy? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																											
	<input type="checkbox"/>	<input type="checkbox"/>																																			
c. Have you ever or are you considering selling this or any other life insurance contract to a Viatical or Life Settlement company or any other party? <table style="float: right; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>																																				
d. List all life insurance policies or annuities the Proposed Insured has in force with The Cincinnati Life Insurance Company or any other company, including any applications pending, and indicate if any are to be replaced, changed or borrowed against as a result of this Application. <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <th style="width: 40%;">Insurer</th> <th style="width: 20%;">Policy Number</th> <th style="width: 20%;">Amount</th> <th style="width: 10%; text-align: center;">Replaced?</th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>								Insurer	Policy Number	Amount	Replaced?	Yes	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurer	Policy Number	Amount	Replaced?	Yes	No																																
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
e. Complete any applicable replacement forms.																																					

In continuation of application for life insurancePage 3 of 5

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

In continuation of application for life insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

PLEASE ANSWER CONDITIONAL RECEIPT QUESTIONS ON PAGE ONE OF APPLICATION. If any of the questions are left blank or answered "Yes," a premium payment cannot be accepted and any conditional receipt will be void.

Received from _____ Owner's Social
Security or EIN # _____
Proposed Owner (please print)

On _____ the amount of \$ _____
Month Day Year Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

Section I: If the Proposed Insured dies before we, The Cincinnati Life Insurance Company, issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

1. The premium deposit must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We must receive the total premium deposit at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the Application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; or b) the date of the latest medical examination or test that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must qualify for the exact plan and amount of insurance applied for and for all supplemental riders applied for. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; or b) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

Section II: Temporary insurance under this Receipt is also subject to these limitations:

1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM DEPOSITED.

Signature of Agent

Date _____
Month Day Year

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

AGENT'S REPORT This report should always be completed and remain attached.																								
Source of Business:	<input type="checkbox"/> Present Insured: Type _____ <input type="checkbox"/> Personal Acquaintance (not Proposed Insured) <input type="checkbox"/> Cold Call <input type="checkbox"/> Referral from Outside Agency <input type="checkbox"/> Reply to Mailer or Stuffer <input type="checkbox"/> Internet Source <input type="checkbox"/> Other: _____																							
Purpose of Insurance:	Personal: <input type="checkbox"/> Estate Conservation <input type="checkbox"/> Family Protection <input type="checkbox"/> Charitable <input type="checkbox"/> Other: _____ Business: <input type="checkbox"/> Key Person <input type="checkbox"/> Buy-Sell <input type="checkbox"/> Creditor <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____																							
Juvenile Proposed Insured:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Was the child seen when the application was taken?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are all siblings insured for equal amounts?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are the parents insured for at least the same amount applied for and in force on this child?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Was the child seen when the application was taken?	<input type="checkbox"/>	<input type="checkbox"/>	Are all siblings insured for equal amounts?	<input type="checkbox"/>	<input type="checkbox"/>	Are the parents insured for at least the same amount applied for and in force on this child?	<input type="checkbox"/>	<input type="checkbox"/>											
	Yes	No																						
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Are all siblings insured for equal amounts?	<input type="checkbox"/>	<input type="checkbox"/>																						
Are the parents insured for at least the same amount applied for and in force on this child?	<input type="checkbox"/>	<input type="checkbox"/>																						
Amount of Insurance:	The death benefit amount was determined by: (check all that apply) <input type="checkbox"/> Needs Analysis Software <input type="checkbox"/> Multiple of Income <input type="checkbox"/> Cost of Final Expense <input type="checkbox"/> Insured <input type="checkbox"/> Other: _____																							
Rate Class:	Rate Class Quoted: _____																							
COMMISSIONS - SPLIT CASE First year and renewal																								
COMMISSIONS	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Agent Commission Schedule Only</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">General Agent Base Commission Schedule</th> </tr> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Case Split %</th> <th style="text-align: center; border-bottom: 1px solid black;">Name</th> <th style="text-align: center; border-bottom: 1px solid black;">Agency Code #</th> <th style="text-align: center; border-bottom: 1px solid black;">Agent Code #</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">100%</td> <td colspan="3" style="border-bottom: 1px solid black;">Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.</td> </tr> </tbody> </table>				Agent Commission Schedule Only		General Agent Base Commission Schedule		Case Split %	Name	Agency Code #	Agent Code #	_____	_____	_____	_____	_____	_____	_____	_____	100%	Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.		
	Agent Commission Schedule Only		General Agent Base Commission Schedule																					
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	_____	_____	_____	_____																				
	_____	_____	_____	_____																				
100%	Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.																							

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-145-AR (2/10) Survivorship Flexible Premium Adjustable Universal Life Insurance Policy; Form CLI-675 (2/10), Policy Split Option Rider; Form CLI-676 (2/10), Substitution of Insured Rider; Form CLI-677 (2/10), Estate Protection Rider

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Regulation 19 and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.

I also certify that an important notice, as required by Ark. Code Ann. 23-79-138, and the Notice of Arkansas Life and Disability Insurance Guaranty Association, as required by Regulation 49, will be included with all issues of policy forms.



Officer

February 11, 2010

Date

Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-145 (2/10), Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
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Front Jacket

Signatures of Officers	Please be advised, these items are denoted as variable and may be changed without notice or prior approval	
Officer Titles	Please be advised, these items are denoted as variable and may be changed without notice or prior approval	
Insureds	Names of each insured	Unlimited
Policy Number	Sequential number assigned to identify the policy in our administration system	Unlimited

Page 2

Specified Amount	Amount of coverage elected by applicant	Minimum \$100,000 to Maximum \$999,999,999
Premiums payable for	Number of years for which premiums may be paid until the youngest insured is age 121 Specifically determined by the age of the youngest insured covered under each policy issued.	Based on the issue ages of 18-85, the range for this variable is 36 to 103 yrs, after the policy date
Threshold Amount	The annual Threshold Amount determines whether the Primary Accumulation Factor or the Secondary Accumulation Factor is applied to premium. These calculations are described in more detail in the policy form and the actuarial memorandum. The annual Threshold Amount varies by the specified amount, the gender, issue age and rate class of each insured	Minimum \$243.19 based on \$100,000 Specified Amount, with 2 insureds: Male Female Age 18 Age 18 Standard Standard Select Plus class Select Plus class to Maximum \$461,800,099.33 based on \$999,999,999 Specified Amount, with 2 insureds: Male Female Age 85 Age 85 Rated 200%Table Factor Rated Standard class Uninsurable
Primary Monthly Accumulation Factor	The primary monthly accumulation factor is used to test if the accumulated premiums paid are enough to qualify the policy for Continuation of Coverage The monthly guaranteed premium for the first policy month, multiplied by 1 plus this factor, determines the accumulated monthly guaranteed premiums at the end of the first policy month The monthly guaranteed premium for the current policy month plus the accumulated monthly guaranteed premiums at the end of the preceding policy month, multiplied by 1 plus this factor, determines the accumulated monthly guaranteed premiums at the end of any other policy month The primary monthly accumulation factor is applied to the premium from the date it is received	Minimum 0.0500% to Maximum 3.0000%

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-145 (2/10), Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LOCATION/ITEM	DESCRIPTION	RANGES																
Secondary Monthly Accumulation Factor	<p>Any premium amount in excess of the Threshold Amount is accumulated at a rate equivalent to the Secondary Monthly Accumulation Factor</p> <p>Calculations based on the primary monthly accumulation factor, the accumulated threshold amount and this factor determine the accumulation amount</p> <p>The secondary monthly accumulation factor is applied to the premium from the date it is received</p>	<p>Minimum 0.0500% to Maximum 3.0000%</p>																
Planned Periodic Premiums	<p>The amount the applicant selects as a planned premium.</p> <p>Also includes a variable for the premium mode – in this case [ANNUAL]. Payment mode chosen by applicant.</p>	<p>Discretionary range of Minimum \$0.00 to Maximum \$999,999,999.99</p> <p>Annual, Semi-Annual, Quarterly and Monthly</p>																
Maximum Monthly Fee Per \$1,000 of Specified Amount	<p>This fee is based on the specified amount, the issue age, gender and rate class of each insured as explained in the actuarial memorandum.</p>	<p>Minimum \$10.13 based on \$100,000 Specified Amount, with 2 insureds:</p> <table><tr><td>Male</td><td>Female</td></tr><tr><td>Age 18</td><td>Age 18</td></tr><tr><td>Standard</td><td>Standard</td></tr><tr><td>Select Plus class</td><td>Select Plus class</td></tr></table> <p>to Maximum \$8,237,666.66 based on \$999,999,999 Specified Amount, with 2 insureds:</p> <table><tr><td>Male</td><td>Female</td></tr><tr><td>Age 85</td><td>Age 85</td></tr><tr><td>Rated 200%Table Factor</td><td>Rated</td></tr><tr><td>Standard class</td><td>Uninsurable</td></tr></table>	Male	Female	Age 18	Age 18	Standard	Standard	Select Plus class	Select Plus class	Male	Female	Age 85	Age 85	Rated 200%Table Factor	Rated	Standard class	Uninsurable
Male	Female																	
Age 18	Age 18																	
Standard	Standard																	
Select Plus class	Select Plus class																	
Male	Female																	
Age 85	Age 85																	
Rated 200%Table Factor	Rated																	
Standard class	Uninsurable																	
Gender	Gender of each insured	Male or Female																
Age	Age of each insured	Issue ages for this policy are 18-85																
Date of Issue	The date the policy was physically issued from our administration system	Date of your approval - Unlimited																
Policy Date	Effective date of the policy	Date of your approval - Unlimited																
Maturity Date	The date the policy matures	Date of the policy anniversary following the youngest insured's attainment of age 121																
Monthly Anniversary Date	The recurring day of the month that relates to the Policy Date	Range is based on the number of days in a month Minimum 1 to Maximum 31																
Risk	<p>The standard or rated (substandard) basis of each insured</p> <p>The applicable table factor will also appear for each insured who is issued as a rated risk. This table factor reflects the amount by which the standard premium is increased</p>	<p>Standard or Rated</p> <p>Minimum 125% Factor to Maximum 475% Factor</p>																

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-145 (2/10), Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LOCATION/ITEM	DESCRIPTION	RANGES
Class	The underwriting class assigned to each insured If one of the proposed insureds would not qualify under underwriting requirements for a single life policy, we will allow that person to be insured with an uninsurable underwriting class under this policy, if issued with another insured who is insurable	The classes are: Select Plus Select Ultra Standard Preferred Standard Standard Uninsurable
Remaining variables previously explained		

Page 3

Policy Year or Age of Youngest Insured	Policy years 1 through 20 always appear Ages 60, 62 and 65 will each also appear unless the youngest insured will attain such age within the first 20 policy years as listed or if issue age of youngest insured is greater than 60, 62 or 65, respectively	Each year from 1 thru 20 will always show Ages 60, 62 &/or 65 will each show unless already reflected within the policy years listed or if issue age of youngest insured is greater than 60, 62 or 65, respectively
Benefit	Amount of coverage in force at the end of each policy year or at the youngest insured's age shown, provided planned premiums are paid to that date and there is no indebtedness	Minimum \$100,000 to Maximum \$999,999,999
Year	Calendar year for each policy year or of the youngest insured's age shown	Unlimited
Policy Value	The accumulation of gross premiums paid, at interest, less specified charges (which include the cost of insurance), and expenses, at the end of each policy year or at the youngest insured's age shown	Based on the guaranteed cost of insurance rates and the minimum guaranteed interest rate
Cash Value	Amount of the policy value, less any surrender charges, available at the end of each policy year or at the youngest insured's age shown, provided planned premiums are paid to that date and there is no indebtedness	Minimum \$0.00 to Maximum \$999,999,999
Remaining variables previously explained		

Page 4

Surrender Charge	Charge to relinquish the policy within the first 20 policy years The surrender charges are specific to each policy based on the specified amount, the issue age, gender and rate class of each insured	The surrender charge subtracted from the policy value determines the cash value
Remaining variables previously explained		

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-145 (2/10), Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
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Page 5

Policy Year	Every year during which this policy may remain in force based on the maturity date	The duration of the policy years shown is based on the number of years until the youngest insured attains age 121 (maturity date)
Monthly Cost of Insurance Rate	<p>The guaranteed monthly cost of insurance rate per \$1,000 of net amount at risk is one of the factors that determines the monthly deduction for a policy month</p> <p>The cost of insurance rate is based on the specified amount, the attained age, gender and rate class of each insured</p>	<p>Minimum \$0.000033 to Maximum \$83.333333</p>
Remaining variables previously explained		

Page 6

Monthly Guaranteed Premium	<p>The monthly guaranteed premium is the minimum amount necessary to be paid each month for each policy year shown to keep the policy in force</p> <p>The monthly guaranteed premium is based on the specified amount, the issue age, gender and rate class of each insured</p>	<p>Minimum \$14.03 to Maximum \$46,234,613.97</p>
Remaining variables previously explained		

Page 6 - Benefits

Benefit	Any optional benefit rider elected by the applicant will be shown on this specifications page for additional rider benefits	Applicable optional benefit riders are: - Policy Split Option (Rider) - Substitution of Insured (Rider) - Estate Protection (Rider)
Amount	Amount of coverage elected by the applicant for the Estate Protection Rider	Minimum \$50,000.00 to Maximum \$999,999,999.99
Benefit Expiry	The date the optional benefit ceases	<p>The benefit expiry for each of the available riders shown is:</p> <p>Policy Split Option: The date the oldest insured attains age 86</p> <p>Substitution of Insured: The policy's maturity date</p> <p>Estate Protection: The date of the fourth policy anniversary</p>
Monthly Cost	Monthly cost for the Estate Protection Rider, based on the rider benefit, the gender, issue age and rate class of each insured	Minimum \$0.00 to Maximum \$127,416,474.65
Remaining variables previously explained		

EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

The The Cincinnati Life Insurance Company ("Company") of
(Company Name)

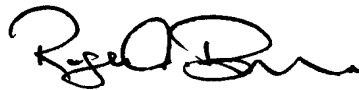
Cincinnati, Ohio 45250-5496 does hereby consent and agree
(City and State)

- A) that all premium rates and/or cost bases both "maximum" and "current or projected" or used in relation to policy form number Form CLI-145-AR (2/10) must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

- B) that, where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

The Cincinnati Life Insurance Company
(Company Name)



BY:

Roger A. Brown, FSA, MAAA

Vice President and Actuary
(Title or Position)

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

UNIVERSAL LIFE CERTIFICATION

Re: Form CLI-145-AR (2/10), Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Arkansas Insurance Rule and Regulation 34. Universal Life Insurance and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.



Officer

February 11, 2010

Date

Vice President and Actuary

Title

The Cincinnati Life Insurance Company
6200 South Gilmore Road, Fairfield, Ohio 45014-5141
Mailing Address: P.O. Box 145496, Cincinnati, Ohio 45250-5496

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy
LifeHorizons Survivor UL

Policy Form CLI-145 (2/10)

Designed for

John Doe
and
Jane Doe

Agent/Representative

FIRST LASTNAME (License Number 73221)

ABC AGENCY
ANY ADDRESS
CITY, STATE, ZIP
ANY PHONE

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 11 pages.

The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Narrative Summary

John Doe	Male Age 35 Ultra Standard	
Jane Doe	Female Age 35 Ultra Standard	
Death Benefit Option: Level	Initial Annual Premium:	\$479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$100,000

Basic Life Insurance Illustration

Policy Summary	This summary provides a brief description of a life insurance policy and any riders. It also includes definitions of key terms and column headings. This summary is not intended as a substitute for a life insurance policy or any riders which may be issued with the policy. <i>In the event of any conflict, the provisions of the policy and the riders, and NOT this summary, shall control.</i>		
Policy Form CLI-167 (4/30)	The Survivor UL is a last survivor flexible premium adjustable universal life insurance policy, that covers two lives and pays a death benefit when the second person dies. The policy permits for flexible premium payments. A Monthly Deduction equal to the cost of insurance on the insured lives, expense fees and the cost of other benefits issued with the policy will be assessed against the Policy Value.		
Risk Classification	If all insureds die before the Maturity Date and this policy is in force, we will, subject to all the terms of this policy, pay to the beneficiary the death benefit due under the policy.		
	The illustrated policy benefits and values were calculated based on gender, age, underwriting class and rated premium classes for each proposed insured.		
	Proposed Insured: John Doe	Proposed Insured: Jane Doe	
	Age: 35	Age: 35	
	Sex: Male	Sex: Female	
	Class: Ultra Standard	Class: Ultra Standard	
	Table Rating: 0	Table Rating: 0	
Premiums	Initial Premium Outlay: \$479.99 payable Annual Guideline Level Premium: \$1,161.46 annually per year		
	The maximum allowable level premium for this contract is \$1,161.46, under provisions of the Internal Revenue Code.		
	This illustration describes values and benefits if premiums are paid on the dates and in the amounts on the following pages assuming indicated interest rates and insurance costs.		
	The information in this illustration is subject to the terms and requirements of the policy.		
Death Benefit Provision	The death benefit will be the greater of: 1. The specified amount on the date of the last surviving insured's death; or 2. The percentage of the policy value on the date of the last surviving insured's death as shown in the table of percentages.		
	The death benefit is reduced by any partial withdrawal or unpaid loan. Additionally, your death benefit may be increased to satisfy any applicable IRS regulation.		
Ulo wncpgqwl' Fgvj "	If the insureds die at the same time or under circumstances where the order of death cannot be determined, only one death benefit will be paid.		

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Narrative Summary

John Doe	Male Age 35 Ultra Standard	
Jane Doe	Female Age 35 Ultra Standard	
Death Benefit Option: Level	Initial Annual Premium:	\$479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$100,000

Basic Life Insurance Illustration

Equipment The death benefit displayed in the Guaranteed Death Benefit column on the Numeric Summary page and on the Tabular Detail page of the illustration indicates the length of time the policy is protected from lapse based on the illustrated pattern of premiums, face amount and cash flows.

Deviations from the amount or timing of premiums or transactions from those illustrated will affect the Continuation of Coverage. ***Loans or partial withdrawals taken will adversely impact the Continuation of Coverage.***

This policy will not enter the grace period, as provided in the Grace Period provision, if the Continuation of Coverage premium requirements are met. The Continuation of Coverage premium requirements are met if:

1. the Accumulated Premiums Paid less Indebtedness is greater than or equal to the Accumulated Monthly Guaranteed Premiums as of the end of the most recent policy month;
2. Indebtedness plus interest on Indebtedness to the next policy anniversary does not exceed the current policy value; and
3. Continuation of Coverage has not been terminated in accordance with the Continuation of Coverage Termination provision.

Accumulated Monthly Guaranteed Premiums

The Accumulated Monthly Guaranteed Premiums at the end of the first policy month is the Monthly Guaranteed Premium for the first policy month multiplied by 1 plus the Primary Monthly Accumulation Factor.

The Accumulated Monthly Guaranteed Premiums at the end of any other policy month is calculated as:

1. the Accumulated Monthly Guaranteed Premiums at the end of the preceding policy month; plus
2. the Monthly Guaranteed Premium for the current policy month; multiplied by
3. 1 plus the Primary Monthly Accumulation Factor.

Monthly Guaranteed Premiums are shown in the Table of Monthly Guaranteed Premiums and the Primary Monthly Accumulation Factor is shown in the Policy Specifications. The Primary Monthly Accumulation Factor is applied to the premium from the date it is received.

Ceewo wcvgf 'Rt go lwo u'Rclf

The Accumulated Premiums Paid at the end of the first policy month is the premium paid during the first policy month plus the Accumulation Amount.

The Accumulated Premiums Paid at the end of any other policy month equals:

1. the Accumulated Premiums Paid at the end of the preceding policy month; plus
2. any premiums paid during the current policy month; minus
3. any partial withdrawals made during current the policy month; plus
4. the Accumulation Amount.

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The Cincinnati Life Insurance Company
Survivorship Flexible Premium Adjustable Universal Life Insurance Policy
LifeHorizons Survivor UL
Narrative Summary

John Doe	Male Age 35 Ultra Standard	
Jane Doe	Female Age 35 Ultra Standard	
Death Benefit Option: Level	Initial Annual Premium:	\$479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$100,000

The Accumulation Amount equals:

1. the Primary Monthly Accumulation Factor multiplied by the lesser of:
 - a. (i) the Accumulated Premiums Paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; and
- b. the Accumulated Threshold Amount; plus
2. the Secondary Monthly Accumulation Factor shown in the Policy Specifications multiplied by the excess, if any, of:
 - a. (i) the Accumulated Premiums Paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; over
- b. the Accumulated Threshold Amount.

The Threshold Amount and the Secondary Monthly Accumulation Factor are shown in the Policy Specifications. The Secondary Monthly Accumulation Factor is applied to the premium from the date it is received.

Accumulated Threshold Amount

The Accumulated Threshold Amount for the first policy month equals the Threshold Amount multiplied by 1 plus the Primary Monthly Accumulation Factor.

The Accumulated Threshold Amount for any other policy month equals;

1. the Accumulated Threshold Amount at the end of the preceding policy month, plus
 2. the Threshold Amount for the current policy month;
- multiplied by
3. 1 plus the Primary Monthly Accumulation Factor.

Catch-up Provision

While this policy is in force, if the Accumulated Premiums Paid is less than the Accumulated Monthly Guaranteed Premiums, you can pay additional premium to satisfy the Continuation of Coverage premium requirements.

Continuation of Coverage

Continuation of Coverage will terminate and cease to be in force on the earliest of the following dates:

1. the date of surrender or termination of the policy;
2. the effective date of any increase in specified amount; or
3. the date the policy terminates in accordance with the Grace Period provision.

Once Continuation of Coverage terminates, it cannot be reinstated. If the policy lapses and is reinstated, Continuation of Coverage will not be part of the reinstated policy.

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Narrative Summary

John Doe	Male Age 35 Ultra Standard	
Jane Doe	Female Age 35 Ultra Standard	
Death Benefit Option: Level	Initial Annual Premium:	\$479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$100,000

Policy Value	Premiums, less expense charges and monthly deductions, are accumulated with interest.
Policy Loans	You may borrow against this policy while it is in force. The maximum rate of loan interest is shown in the policy. We may charge a lower rate of interest.
Partial Withdrawals	After the first policy anniversary, you may make a partial withdrawal of the cash value of the policy. The amount of the partial withdrawal and administrative charges will be deducted from the cash value.
Tax Treatment	The Cincinnati Life Insurance Company assumes no responsibility for and makes no representation with respect to the tax treatment of a life insurance policy. For information on how a life insurance policy affects your personal tax situation, please consult your tax or legal advisor.
Underwriting	The premium outlay and monthly deductions for your coverage have been calculated assuming this policy is issued in the underwriting categories specified. Actual premiums and monthly deductions will depend on the outcome of the underwriting process and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your insurance contract.
Riders	Illustrated values include the following additional benefits:
SIR	Substitute of Insured Rider: This rider allows the policy owner to substitute a new insured for one of the existing insureds. This rider expires in year 86.
PSO	Policy Split Option Rider: This rider allows the owner to split the policy into two single life policies on the occurrence of specific events. This rider expires in year 51.
EPR \$100,000	Estate Protection Rider: This rider provides additional survivorship insurance during the first four policy years. This rider expires in year 4.
Additional Key Terms	<p>"Age" - Represents the younger insured's age at the end of the applicable policy year.</p> <p>"Cash Value (Guaranteed)" - The policy value less surrender charges and all unpaid loans with interest. It is the value which is available upon surrender as of the end of the year using the guaranteed 3.00% interest and maximum cost of insurance charges. If actual premium payments differ from the premium outlay which is illustrated, the actual net cash values will be different from those illustrated.</p> <p>"Cash Value (Non-Guaranteed)" - The policy value less surrender charges and all unpaid loans with interest. It is the value which is available upon surrender using the current interest and current cost of insurance charges. The assumptions on which interest and cost of insurance charges are based are subject to change by us. If actual premium payments differ from the premium outlay illustrated, the actual net cash values will be different from those illustrated.</p> <p>"Death Benefit (Non-Guaranteed)" - The end of year death benefit assumed to be payable upon the last surviving insured's death, using current interest and current cost of insurance charges. If actual premium payments differ from the premium outlay illustrated, the actual death benefit may be different from that illustrated.</p> <p>"Death Benefit (Guaranteed)" - The end of year death benefit assumed to be payable upon the last surviving insured's death, using guaranteed 3.00% interest and maximum cost of insurance charges. If actual premium payments differ from the premium outlay illustrated, the actual death benefit may be different from that illustrated.</p>

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The Cincinnati Life Insurance Company
Survivorship Flexible Premium Adjustable Universal Life Insurance Policy
LifeHorizons Survivor UL
Narrative Summary

John Doe	Male Age 35 Ultra Standard	
Jane Doe	Female Age 35 Ultra Standard	
Death Benefit Option: Level	Initial Annual Premium:	\$479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$100,000

"Guaranteed Elements" - Premiums, benefits, values, credits or charges under the insurance policy that are determined as of the policy date and guaranteed for the life of policy.

"Initial Specified Amount" - The death benefit payable under the base policy upon the death of the last surviving insured when the policy is issued.

"Mid-Point Scale" - Non-guaranteed credited interest and charges that are the average of the guaranteed rates and the current rates.

"Non-Guaranteed Elements" - Premiums, benefits, values, credits or charges under the insurance policy that are not guaranteed on the policy date. The assumptions on which these elements are based are subject to change by us. Actual results may be more or less favorable than those stated in this illustration.

"Policy Value" - The accumulated fund which results from the payment of premiums less the expense charge for this policy. Interest is added to this fund, and monthly deductions are subtracted from it.

"Premium Outlay" - The premium assumed to be paid each year. This premium amount is the basis for all policy values hereafter in this illustration. Although this policy allows for flexibility in premium payments, there must be enough values in the policy as a result of the premiums paid to keep the policy in force.

"Year" - Indicated the number of completed twelve month policy periods.

Premiums are assumed to be paid at the beginning of the year (or of each modal period if non-annual) and policy values are illustrated as of the end of the year.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Numeric Summary

John Doe Jane Doe Death Benefit Option: Level Riders: SIR PSO EPR	Male Age 35 Ultra Standard Female Age 35 Ultra Standard Initial Annual Premium: \$479.99 Initial Specified Amount: \$100,000
--	---

Year	Premium Outlay	GUARANTEED		Midpoint Cash Value	NON-GUARANTEED		
		Cash Value	Death Benefit		Death Benefit	Current Cash Value	Death Benefit
5	480	0	100,000	0	100,000	0	100,000
10	480	0	100,000	0	100,000	0	100,000
20	480	53	100,000	190	100,000	343	100,000
30	480	1,471	100,000	2,277	100,000	3,170	100,000

The **Guaranteed** columns assume an initial interest rate of 3.00%. The **Midpoint** columns assume an initial interest rate of 3.77%. The **Current** columns assume an initial interest rate of 4.55%.

The non-guaranteed elements are not guaranteed. The assumptions on which they are based are subject to change by the insurer. Actual results may be more or less favorable. Refer to the Additional Benefits and Information Section of this illustration for important information.

I (we) have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

Signature (owner(s)/applicant(s))

Date

Signature (owner(s)/applicant(s))

Date

I have informed the applicant or policyowner that this illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

Agent/Company Representative

Date

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Tabular Detail

John Doe						Male Age 35 Ultra Standard			
Jane Doe						Female Age 35 Ultra Standard			
Death Benefit Option: Level						Initial Annual Premium:		\$	479.99
Riders: SIR PSO EPR						Initial Specified Amount:		\$	100,000
Guaranteed Assumptions						Non-Guaranteed Assumptions			
Younger Age Year		Premium Outlay	Policy Value	Cash Value	Death Benefit	Current			
						Policy Cash Value	Value	Death Benefit	
36	1	480	10	0	200,000	13	0	200,000	
37	2	480	21	0	200,000	27	0	200,000	
38	3	480	31	0	200,000	41	0	200,000	
39	4	480	41	0	200,000	56	0	200,000	
40	5	480	51	0	100,000	71	0	100,000	
41	6	480	62	0	100,000	88	0	100,000	
42	7	480	72	0	100,000	104	0	100,000	
43	8	480	82	0	100,000	121	0	100,000	
44	9	480	91	0	100,000	139	0	100,000	
45	10	480	100	0	100,000	157	0	100,000	
46	11	480	107	0	100,000	176	0	100,000	
47	12	480	114	0	100,000	195	0	100,000	
48	13	480	118	0	100,000	214	0	100,000	
49	14	480	121	0	100,000	234	0	100,000	
50	15	480	121	0	100,000	253	0	100,000	
51	16	480	118	0	100,000	273	0	100,000	
52	17	480	111	0	100,000	292	0	100,000	
53	18	480	99	0	100,000	310	64	100,000	
54	19	480	80	0	100,000	327	204	100,000	
55	20	480	53	53	100,000	343	343	100,000	
56	21	480	254	254	100,000	597	597	100,000	
57	22	480	450	450	100,000	858	858	100,000	
58	23	480	639	639	100,000	1,128	1,128	100,000	
59	24	480	820	820	100,000	1,405	1,405	100,000	
60	25	480	987	987	100,000	1,689	1,689	100,000	
61	26	480	1,139	1,139	100,000	1,979	1,979	100,000	
62	27	480	1,270	1,270	100,000	2,274	2,274	100,000	
63	28	480	1,373	1,373	100,000	2,572	2,572	100,000	
64	29	480	1,443	1,443	100,000	2,871	2,871	100,000	
65	30	480	1,471	1,471	100,000	3,170	3,170	100,000	
66	31	480	1,451	1,451	100,000	3,466	3,466	100,000	
67	32	480	1,372	1,372	100,000	3,757	3,757	100,000	
68	33	480	1,225	1,225	100,000	4,039	4,039	100,000	
69	34	480	996	996	100,000	4,307	4,307	100,000	
70	35	480	669	669	100,000	4,558	4,558	100,000	
71	36	480	223	223	100,000	4,784	4,784	100,000	
72	37	480	0	0	100,000	4,975	4,975	100,000	
73	38	480	0	0	100,000	5,120	5,120	100,000	
74	39	480	0	0	100,000	5,209	5,209	100,000	
75	40	480	0	0	100,000	5,228	5,228	100,000	

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Tabular Detail

John Doe	Male Age 35 Ultra Standard		
Jane Doe	Female Age 35 Ultra Standard		
Death Benefit Option: Level	Initial Annual Premium:	\$	479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$	100,000

Guaranteed Assumptions						Non-Guaranteed Assumptions		
						Current		
Younger	Premium	Policy	Cash	Death		Policy Cash		Death
Age Year	Outlay	Value	Value	Benefit		Value	Value	Benefit
76 41	480	0	0	100,000		5,161	5,161	100,000
77 42	480	0	0	100,000		4,988	4,988	100,000
78 43	480	0	0	100,000		4,682	4,682	100,000
79 44	480	0	0	100,000		4,213	4,213	100,000
80 45	480	0	0	100,000		3,543	3,543	100,000
81 46	480	0	0	100,000		2,623	2,623	100,000
82 47	480	0	0	100,000		1,387	1,387	100,000
83 48	480	0	0	100,000		0	0	100,000
84 49	480	0	0	100,000		0	0	100,000
85 50	480	0	0	100,000		0	0	100,000
86 51	480	0	0	100,000		0	0	100,000
87 52	480	0	0	100,000		0	0	100,000
88 53	480	0	0	100,000		0	0	100,000
89 54	480	0	0	100,000		0	0	100,000
90 55	480	0	0	100,000		0	0	100,000
91 56	480	0	0	100,000		0	0	100,000
92 57	480	0	0	100,000		0	0	100,000
93 58	480	0	0	100,000		0	0	100,000
94 59	480	0	0	100,000		0	0	100,000
95 60	480	0	0	100,000		0	0	100,000
96 61	480	0	0	100,000		0	0	100,000
97 62	480	0	0	100,000		0	0	100,000
98 63	480	0	0	100,000		0	0	100,000
99 64	480	0	0	100,000		0	0	100,000
100 65	480	0	0	100,000		0	0	100,000
101 66	0	0	0	100,000		0	0	100,000
102 67	0	0	0	100,000		0	0	100,000
103 68	0	0	0	100,000		0	0	100,000
104 69	0	0	0	100,000		0	0	100,000
105 70	0	0	0	100,000		0	0	100,000
106 71	0	0	0	100,000		0	0	100,000
107 72	0	0	0	100,000		0	0	100,000
108 73	0	0	0	100,000		0	0	100,000
109 74	0	0	0	100,000		0	0	100,000
110 75	0	0	0	100,000		0	0	100,000
111 76	0	0	0	100,000		0	0	100,000
112 77	0	0	0	100,000		0	0	100,000
113 78	0	0	0	100,000		0	0	100,000
114 79	0	0	0	100,000		0	0	100,000
115 80	0	0	0	100,000		0	0	100,000

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Tabular Detail

John Doe	Male Age 35 Ultra Standard		
Jane Doe	Female Age 35 Ultra Standard		
Death Benefit Option: Level	Initial Annual Premium:	\$	479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$	100,000

Guaranteed Assumptions						Non-Guaranteed Assumptions			
						Current			
Younger	Premium	Policy	Cash	Death		Policy Cash		Death	
Age Year	Outlay	Value	Value	Benefit		Value	Value	Benefit	
116 81	0	0	0	100,000		0	0	100,000	
117 82	0	0	0	100,000		0	0	100,000	
118 83	0	0	0	100,000		0	0	100,000	
119 84	0	0	0	100,000		0	0	100,000	
120 85	0	0	0	100,000		0	0	100,000	
121 86	0	0	0	100,000		0	0	100,000	

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The Cincinnati Life Insurance Company

Survivorship Flexible Premium Adjustable Universal Life Insurance Policy

LifeHorizons Survivor UL

Tabular Detail Information

John Doe	Male Age 35 Ultra Standard	
Jane Doe	Female Age 35 Ultra Standard	
Death Benefit Option: Level	Initial Annual Premium:	\$479.99
Riders: SIR PSO EPR	Initial Specified Amount:	\$100,000

Life Insurance Cost Information

	Net Payment Cost Index		Surrender Cost Index	
	Guaranteed	Current	Guaranteed	Current
Year 10	4.80	4.80	4.80	4.80
Year 20	4.80	4.80	4.78	4.70

These indices are computed by the formulae as prescribed by the National Association of Insurance Commissioners, and reflect the time value of money at 4.55%.

The **Guaranteed** columns assume an initial guaranteed interest rate of 3.00% and guaranteed cost of insurance rates. The **Current** columns assume an initial current interest rate of 4.55% and current cost of insurance rates.

At the time of issue and after issue as illustrated, this policy complies with SECTION 7702A of the Internal Revenue Code so that it will not be a Modified Endowment Contract.

Life Insurance policies issued after June 21, 1988 may be defined as modified endowment contracts (MEC). Withdrawals from "modified endowment contracts" (including loans) will be taxed as current income until all of the policy earnings have been taxed. There is also a 10% penalty tax if the owner is under age 59 1/2 unless payments are due to disability or are annuity type payments.

This illustration complies with the definition of life insurance in I.R.C. Sec. 7702. The tax status of this policy as it applies to the policy owner should be reviewed each year. This illustration is not to be relied on for tax advice. Your personal legal and tax advisors should always be consulted.

The tax treatment of life insurance under federal tax law is subject to change.

ADDITIONAL BENEFITS AND INFORMATION

Initial Annual Premium:	\$479.99
Initial Annual Minimum Premium:	\$19.86
Initial Annual Target Premium:	\$479.99
Guideline Single Premium:	\$13,610.11
Guideline Level Annual Premium:	\$1,161.46
7 Pay Annual Premium:	\$2,195.19

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 11 pages.